Dear Parent/Guardian:

The Brookings School District 5-1 offers healthy meals every day that it is open. Breakfast costs $1.25; lunch costs $2.10(K-5) & $2.35 (6-12). Children may qualify for free meals or for reduced price meals. Reduced price is $.30 for breakfast, $.40 for lunch.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Mary Tauber, fsd, 2130 8th Street South, Brookings, SD 57006, phone number 605-696-4713.**

Here are answers to questions you may have about applying:

1. Who can get free or reduced price meals? Children in households getting SNAP, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Children in Head Start receive free meals at Head Start. If your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. You can write the names of other children from your household on that letter and they will get free meals, too. If you did not receive an FDPIR Notification, you can ask for one from the certifier.

2. Do I need to fill out an application for each child? Usually not. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household except foster children. Foster children must have a separate application. We cannot approve an application that is not complete, so be sure to fill out all required information. The school can give you more application forms if you need them.

3. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must submit in a new application unless the school told you that your child is eligible for the new school year.

4. Can homeless, runaway and migrant children get free meals? Please call the school's homeless liaison or migrant coordinator to see if your child(ren) qualifies, if you have not been informed that they will get free meals.

5. I get WIC or Medicaid. Can my child(ren) get free meals? Children in households participating in WIC or from household that get Medicaid may be eligible for free or reduced price meals. Please fill out an application and list your income and family members.

6. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

7. My spouse is deployed to a combat zone. Is the combat pay counted as income? No, if the combat pay is received in addition to the basic pay because of deployment and it wasn't received before deployment, combat pay is not counted as income. Contact your school for more information.

8. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

9. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

10. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP (formerly Food Stamps), FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.

11. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling Brian Lueders, Business Manager**.** You may also ask for a hearing by calling or writing to: Brian Lueders, 2130 8th Street South, Brookings, SD 57006.

12. What if my child needs special foods? The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

13. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

14. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

15. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, write it down , but do not write it down if you get overtime only sometimes.

16. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call **phone number** 605-696-4713 .
Si necesita ayuda, por favor llame al teléfono: **phone number** 605-696-4713 .
Si vous voudriez d'aide, contactez nous au numero: **phone number** 605-696-4713 .

Sincerely, Mary Tauber, Director of Food Service

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

INCOME GUIDELINES

(Effective July 1, 2010 until further notice)

Household Size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional member, add	6,919	577	134

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In most cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME

If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12. ***Do not round the values resulting from each conversion.***

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the earnings column as monthly, or list the whole amount as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

Proprietorship Income	Farm Income	Partnership Income
Line 12 $ _____	Line 13 $ _____	Line 13 $ _____
Line 13 $ _____	Line 14 $ _____	Line 14 $ _____
Line 14 $ _____	Line 17 $ _____	Line 17 $ _____
TOTAL $ _____	Line 18 $ _____	TOTAL $ _____
	TOTAL $ _____	

INCOME TO REPORT

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Children's Income
Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony
Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Any other income

APPLICATION FOR FREE AND REDUCED PRICE MEALS

☐ New Applicant
☐ Previous Applicant

(For complete instructions, refer to next page.)

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1 A.

	Child's Name	School or Center	Grade	Age		Child's Name	School or Center	Grade	Age
1.					4.				
2.					5.				
3.					6.				

Part 1 B. Households receiving SNAP (formerly Food Stamps (FS)), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities or FDPIR): If any member of your household is NOW receiving SNAP (formerly Food Stamps), TANF, and FDPIR, list the CASE NUMBER. Fill out Sections 1, 2 and 4. The application MUST have the signature of an adult.

SNAP Case Number: TANF Case Number: FDPIR Case Number:

Part 2. Is this child a foster, migrant, or runaway?

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: $ _____. Skip to Part 4. Foster children should be on a separate application.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # . Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Total Household Income from Last Month – You must tell us how much and how often

A. Name (List **everyone** in household)	B. Income for last month – list how much you get each pay day and how often you get paid *Example: $100/month $100/twice a month $100/ every other week $100/weekly*				C. Check if No income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: State: Zip Code: Date:

FOR SCHOOL/CENTER USE ONLY

SNAP / FDPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ No

Total monthly income: _____ Eligibility Classification: ☐ Free ☐ Reduced Price ☐ Paid

Household Size: _____ Not Eligible: ☐ Over income ☐ Incomplete information

Temporary Eligibility: ☐ Free ☐ Reduced Price Until:

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets SNAP (formerly FOOD STAMPS), FDPIR, OR TANF but you don't have a letter from Social Services or Notice of Action from FDPIR, follow these instructions:

Part 1A: List each child's name, school/center, age, and/or grade.
Part 1B: List the SNAP (formerly Food Stamp), FDPIR, and/or TANF case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, complete a separate application for each foster child and follow these instructions:

Part 1A: List each foster child's name, school/center, age, and/or grade.
Part 1B: Skip this part.
Part 2: List the child's personal use monthly income, if any.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.

Part 2B. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison, or migrant coordinator.

ALL OTHER HOUSEHOLDS follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade,
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B–Last month's income and how often it was received: List the types of income your household got last month, how much you get each payday, and how often you get paid. *Employment income:* List the **gross income** each person earned. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C–Check if no income: If the person, including children, does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.

Part 3. Total Household Income from Last Month—You must tell us how much and how often		
1. Name (List **everyone** in household)	**2. Income for last month – list how much you get each pay day and how often you get paid** *Example: $100/monthly $100/twice a month $100/every other week $100/weekly*	**3. Check if NO income**

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.
The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list SNAP (formerly Food Stamps), FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.