FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Fairfield School District #112 offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.30. Your children may qualify for free meals or for reduced price meals. Reduced price is .30 cents for breakfast and .40 cents for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from [State SNAP], [the Food Distribution Program
 on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

			educed-Price ederal Poverty		
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
· 2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
- 8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	7,733	645	323	298	149

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Mrs. Beth Richards, Homeless Liaison at your child's school.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your child's school.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Tammy Ewing at Fairfield School District #112, 618-842-6501 immediately.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through

- **09/18/2017..** You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Diana Zurliene**, **Supt. Fairfield School District** #112, 806 North First Street, Fairfield, IL 62837. (618) 842 6501.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact your child's school to receive a second application.
- 15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office.

If you have other questions or need help, call (618) 842-6501.

Sincerely,

Diana Zurliene

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time even if your children attend more than one school in Fairfield School District #112. The application must be filled out completely to certify your children for free Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, you are not sure what to do next, please contact Tammy Ewing at Fairfield School District #112. (618) 842-6501

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1. HST ANCHOUSH (ONE MEMBERS WHO ARE INDANES, CHURINEN, AND STUDENTS THE TO AND INCURRED INCOME 12

Who should I list here? When filling out this section, please include ALL members in your household who are: Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

- Children age 18 or under AND are supported with the household's income;
- Students attending Fairfield School District #112, regardless of age. In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth

with all required information for the additional application, attach a second piece of paper each box. Stop if you run out of space. If there child. When printing names, write one letter in name. Use one line of the application for each A) List each child's name. Print each child's are more children present than lines on the B) Is the child a student at

'Yes,' write the grade level of the student in the 'Grade' column to School District #112. If you marked which children attend Fairfield column titled "Student" to tell us Mark 'Yes' or 'No' under the Fairfield School District #112? and non-foster children, go to step 3 your application. If you are applying for both foster members of your household and should be listed on go to STEP 4. applying for foster children, after finishing STEP 1 box next to the child's name. If you are ONLY C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" Foster children who live with you may count as

the ap	child's	Migra	descri	listed		D Are
the application.	name	구 같	ption,	in this	awav •	any c
19	child's name and complete all steps of	Migrant, Runaway" box next to the	description, mark the "Homeless	listed in this section meets this	or runaway? If you believe any child	D) Are any children homeless migrant
	<u>omple</u>) box	fhe "F	n mee		n hon
	ete all	nextt	omel	7 i	0	sselet
	steps	o the	SSC	7 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3.
	윽				,	2

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) If no one in your household participates in any of the above
- Leave STEP 2 blank and go to STEP 3

- B) If anyone in your household participates in any of the above listed programs:
- in one of these programs and do not know your case number, contact: DHS at (618) 242-1040 Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has
- 0 Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes.

o

Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay

- certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are
- Mark how often each type of income is received using the check boxes to the right of each field

3.A. REPORT INCOME EARNED BY CHILDREN

count foster children's income if you are applying for them together with the rest of your household A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only

What is Child income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:

names. Print the name of each B) List adult household members'

(First and Last)." Do not list any

- 0 Infants, Children and students already listed in STEP 1. People who live with you but are not supported by your household's income AND do not contribute income to your household
- household members you listed in STEP 1. household member in the boxes marked follow the instructions in STEP 3, part A. If a child listed in STEP 1 has income, "Names of Adult Household Members C) Report earnings from work. Report all income from work in the expenses of your business from its gross receipts or revenue. amount. This is calculated by subtracting the total operating business or farm owner, you will report your net income. "Earnings from Work" field on the application. This is usually the What if I am self-employed? Report income from that work as a net money received from working at jobs. If you are a self-employed
- your household that you have not listed on the application, go back the size of your household affects your eligibility for free and and add them. It is very important to list all household members, as members listed in STEP 1 and STEP 3. If there are any members of Adults):"This number MUST be equal to the number of household members in the field "Total Household Members (Children and F) Report total household size. Enter the total number of household reduced price meals.

Income" field on the application.

"Pensions/Retirement/ All Other

Report all income that applies in the pensions/retirement/all other income. E) Report income from

alimony, only report court-ordered payments. Informal but support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do D) Report income from public assistance/child next part. regular payments should be reported as "other" income in the not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or

G) Provide the last four digits of your Social Security Number Security Number, leave this space blank and mark the box to the Security Number. If no adult household members have a Social eligible to apply for benefits even if you do not have a Social their Social Security Number in the space provided. You are An adult household member must enter the last four digits of right labeled "Check if no SSN,"

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

Sharing a phone number, email address, or both is optional, children ineligible for free or reduced price school meals. address in the fields provided if this information is available. If you have no permanent address, this does not make your A) Provide your contact information. Write your current and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application. All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully B) Print and sign your name and of the adult signing the application and that person signs in the box write today's date. Print the name C) Mail Completed #112, 806 North First Form to: Fairfield S.D. Street, Fairfield, IL

but helps us reach you quickly if we need to contact you.

"Signature of adult."

to share information about your children's race and (optional). On the back of the application, we ask you children's eligibility for free or reduced price school ethnicity. This field is optional and does not affect your D) Share children's racial and ethnic identities meals.

2017-2018 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil)

			į
			_
		l	,
			2
		į	
		ŀ	Ï
I		į	2
I		ŀ	ì
		ŀ	3
			÷
			ř
		ļ	Ť
-		ľ	
000			ł
2000		3	į.
200		į	3
			11.5
			Ī
2000		Ė	
W		9	
			į
100000		-	
			ı
		-	i
	ı	=	i
	į	Ξ	
I	i	<u>.</u>	
	Ĭ		ì
	į	Ì	
	į	į	
	į	ò	
	ì		
ı	ĺ	ï	
	į	ú	
	í	J	
i	į		
	1	ģ	
		į	
	ŀ	ì	
		j	
	3	į	
		ì	
	ł	,	
	all	1	
	2 1		
	70.115	ŧ	
	ij		
	100	į	
	ğ	ļ	
ľ	ń		
	É	ļ	

Printed name of adul		Street Address (If available)	STEP 4 Contact in "I certify (promise) that all Informatio false information, my children may i		The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.	The "Sources of Income for Children" chart will help you with the Child Income section.	rilp the page and review the charts titled "Sources of Income" for more information.	Are you unsure what income to include here?		STEP 3 Reporting	Section of the sectio	STEP 2 Do any Ho	Meals for more information.	eligible for free meals. Read How to Apply for Free and Recluded Price School	children who meet the definition of Homeless,	if not related." Children in Foster care and	living with you and shares income and expenses, even	Definition of Household
adult signing the form	intel, mytellide m,m felde mynnetikle. Myn de	Apt #	STEP 4 Contact information and adult signature. Mall Completed Form ToFair certify (promise) that all information on this application is true and that all income is reported. I understand that this information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.	Total Household Members (Children and Adults)			Name of Adult Household Members (First and Last)	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yours for each source in whole dollars (no cents) only. If they do not re	A. Child Income Sometimes children in the household earn or Household Members listed in STEP 1 here.	Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)	If NO > Go to STEP 3. If Y	ousehold Members (including you) curre	Manage 43 and 1 an					Child's First Name
Signature of adult		City State	STEP 4 Contact information and adult signature. Mall Completed Form ToFairfield School District #112, 806 "locally (promise) that all Information on this application is true and that all Income is reported. I understand that this information is given in connection with the receivable information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member			Earnings from Work Weekly B-Weekly 2x Month Monthly S O O O O	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by Household Members listed in STEP 1 here.	າis step if you answered 'Yes' to STEP 2)	YES > Write a case number here then go to STEP 4 (Do no	Do any Household Members (including you) currently participate in one or more of the following a						MI Child's Last Name
Todave date		Zip Daytime Phone and Email (optional)	. 806 North First Street, Fairfield, IL 62837	× × ×			Public Assistance/ Child Support/Alimorry Weekly Bt-Weekly 2x Month Monthly S O O O O	. For each Household Member listed, if they do receive income, report total gross income (before taxes). If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report	ed by all Child incorns Weekly		Do not complete STEP 3) Case Number:] assistance programs: SNAP, TANF, or FDPIR?	Track to the second to properly the properly the second tracking the form and the second tracking tracking the second tracking tracking the second tracking tracking the second tracking trackin			700		
- THE PROPERTY OF THE PROPERTY	The second secon	Email (optional)	North First Street, Fairfield, IL 62837 attn: Tammy Ewing pt of Federal funds, and that school officials may verify (check) the information. I am aware that if I perposely give	Check If no SSN			All Other Income S How often? How often? Weekly B-Weekly 2x Month Monthly	nincome, report total gross income (before taxes) fying (promising) that there is no income to report.	How often? B-Weekly 2x Month Monthly		Write only one case number in this space.			Check	all thes	Lapply		Grade Student? Foster Migrant, Yes No Child Runaway

'e Date	Veritying Official's Signature		Committee of the contract of t		A Commence and Assess and Assessment of the Asse
	The state of the s	aturo Data	Confirming Official's Signs	al's Signature Date	Determining Official's Signature
	0	Categorical Eligibility	0	0 0 0	A to the state of the form is a state of the
	Free Reduced Denied		onth Monthly Household Size	Weekly BI-Weekly & Month	Total Income
		fonthly x 12	eks x 26, Twice a Month x 24 M	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12	Annual Income
				t For School Use Only	Do not fill out
reduced price meals. Native Hawalian or Other Pacific Islander White K or African American Native Hawalian or Other Pacific Islander White Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits, Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027)found online at http://www.ascr.usda.gov/complaint_filing_oust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the USDA by: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.	reduced price meals. Native Hawaiian or Other Pacific Islander White K or African American Mative Hawaiian or Other Pacific Islander Mhite Persons with disabilities who require alternative means of communication for program information (e.g. Bra large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where the applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact US through the Federal Relay Service at (800) 877-8339. Additionally, program information may be meanable in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the USDA by: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.	information is important and helps to make sur free or reduced price meals. Black or African American Native Hersons with disabilities who require alternative large print, audiotape, American Sign Language applied for benefits, Individuals who are deaf, he through the Federal Relay Service at (800) available in languages other than English. To file a program complaint of discrimination Form, (AD-3027) found online at http://www.ascoffice, or write a letter addressed to USDA and p form. To request a copy of the complaint form, c USDA by: U.S. Department of Agriculture Office of the Assistant Secretary for 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.	Idren's race and ethnicity. This in ffect your children's eligibility for Not Hispanic or Latino askan Native Asian Asian formation on this application. You do e your child for free or reduced price or of the adult household member who is not required when you apply on e Program (SNAP), Temporary Program on Indian Reservations on you indicate that the adult household oer. We will use your information to for administration and enforcement of romation with education, health, and for their programs, auditors for violations of program rules. Ticulture (USDA) civil rights regulations stitutions participating in or activity conducted or any program or activity conducted or	We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one):	We are required to a Responding to this s Ethnicity (check one): Race (check one or make the inform meats. You must include the signs the application. The labehalf of a foster child or y Assistance for Needy Fam (FDPIR) case number or o member signing the applic determine if your child is eithe lunch and breakfast production programs to help program reviews, and law in accordance with Federal and policies, the USDA, its administering USDA progradisability, age, or reprisal of funded by USDA.
and the second s			y	Children's Racial and Ethnic Identities	OPTIONAL
- Rental income - Rental income - Regular cash payments from outside household	Strike benefits	FSSA or privatized housing allowances or off-base housing, food and doffing	- A child receives regular income from a private pension fund, annuity, or trust	-Income from any other source - A child private p	-Income from
- regular income from trusts or estates - Annuities		- Basic payand cash bonuses	 A friend or extended family member regularly gives a child spending money 	-income from person outside the household regularly	-income from
retirement and black lung benefits) Private pensions or disability benefits	- Supplemental Security Income (SSI) - Cash assistance from State or local		 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	bility Payments ivor's Benefits	- Social Security - Disa - Surv
- Social Security	Unemployment benefits Worker's compensation	- Salary, wages, cash bonuses	 A child has a regular full or part-time job where they earn a salary or wages 		- Earnings from work
Pensions / Retirement /	Public Assistance / Alimony / Child Support	Earnings from Work	Example(s)	Sources of Child Income	Source
ılts	Sources of Income for Adults	Sc	Children	Sources of Income for Children	and the state of t
			Control of the Contro		