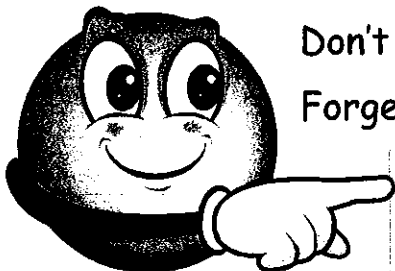


APPLICATION INFORMATION FOR FREE & REDUCED MEALS

Rapid City Area Schools
2013—2014



Don't
Forget!

**YOU MUST COMPLETE A NEW
APPLICATION EVERY YEAR.**

Children in households receiving SNAP or TANF can get free meals without applying. The food service office will be directly notified by DSS. Contact the food service office at 394-4061 if you do not receive a letter by September 30, 2013.

Only ONE application needs to be submitted per household.

Return your completed application to:
Rapid City Area Schools
Food Service Office
300 6th St.
Rapid City, SD 57701

Please remember that it is the responsibility of the parent or adult household member who signs the application to completely fill out the application.

- Are all your students names and schools listed?
- Do you have the income & frequency you receive this income filled out?
 - Did you sign the free & reduced application?
- Did you put the last four digits of your social security number?
 - Did you fill in your name, phone number & address?

If we need to contact the household for additional information it delays the approval process and this could cause you to pay for additional meals.

It could take up to 10 days to process & approve your application.
Your child must pay for his/her lunch or bring a lunch from home until the application is approved.



Questions?
Call 394-4061

Elementary Breakfast—\$1.75
Elementary Lunch—\$2.25
Middle School Breakfast—\$1.80
Middle School Lunch—\$2.60
High School Breakfast—\$1.85
High School Lunch—\$2.70

Free & Reduced applications now available online. Go to www.rcas.org choose Parent & Students Tab, Family Access Tab. You will need to log-in to Family Access, once there you will see a food service tutorial. Application will be under Food Service.

We are an equal opportunity provider.

Dear Parent/Guardian:

The *Rapid City Area Schools* offer healthy meals every day that it is open as part of our participation in the U.S. Department of Agriculture's (USDA) Child Nutrition Programs. USDA provides reimbursement for healthy meals and snacks served to children. Breakfast costs \$1.75 – *Elementary School*, \$1.80 – *Middle School*, \$1.85 – *High School*; lunch costs \$2.25 – *Elementary School*, \$2.60 – *Middle School*, \$2.70 – *High School*. Children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. If the children are eligible for free or reduced price lunch, they are also eligible for free or reduced price breakfast.

Turn in letters or applications to: (*Rapid City Area Schools Food Service, 300 6th Street, 605-394-4061*).

1. Who can get free meals without providing income information?

- Schoolchildren from households getting Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) can get free meals without applying. Schools will be directly notified of eligible students from families on SNAP or TANF by mid-September. If you were certified as eligible for SNAP or TANF after school got out in the spring, complete an application with your case number (see #2). Contact the school if you do not get a letter by September 30, or fill out an application. Direct certification does not apply to the Child & Adult Care Food Program.
- Children in households getting assistance through the Food Distribution Program on Indian Reservations (FDPIR) can get free meals. If you received an Interagency Notification from the commodity warehouse that includes schoolchildren, turn that in to the school 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 Notice of Action, you can ask for one from the certifier.
- Foster children (see #9 below.) and children enrolled in Head Start are eligible for free meals.
- Homeless, runaway, and migrant children usually are eligible for free meals. Please call the school's homeless/runaway liaison or migrant coordinator to see if your child (ren) qualifies, if you have not been told already that they will get free meals.

2. Who needs to fill out an application to get free or reduced price meals?

- If you receive benefits but do not have your notice from the school or FDPIR, fill out an application and write your FDPIR, SNAP, or TANF case number on it. Turn that into the school/center.
- If your household income is within the limits on the Income Guidelines Chart with this application, fill out an application.
- Children in households who get WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list family members and income.

3. Do I need to fill out an application for each of my children? No. Complete and submit one application for all children from your household. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Guidelines Chart, shown on this application.

5. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.

6. Who should I include as members of my household? You must include everyone in your household who shares income and expenses. This includes grandparents, other relatives, or friends who live with you. You must include yourself and all children who live with you. You also may include foster children who live with you.

7. What should I report as income? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide an estimate of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. List the amount that is usually listed on your paystubs and how often you get the paycheck. 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, include it. If you only get overtime sometimes, do not include it.

8. What if my income changes during the year or my SNAP, TANF, or FDPIR benefits change? If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the benefits will expire.

9. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the application, but are not required to include payments received for care of the foster child as income. Households wishing to apply for meal benefits for foster children should contact (*Rapid City Area School Food Service, 300 6th Street, 605-394-4061*).

10. We are in the military.

- **Do we include our housing, food, or clothing allowances and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, concerning deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
- **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 was not received before deployment, combat pay is not counted as income. Contact your school for more information.

11. 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.

12. Will the information I give be checked? Maybe. We may ask you to send written proof to verify the information you submitted on the form.

13. What if I do not agree with the school's or center's decision about my application? You should talk to Rapid City Area Schools officials by calling *Janelle Peterson*. You may also ask for a hearing by calling or writing to: name Mike Kenton, 300 6th Street, Rapid City, SD 57701, 605-394-4105.

14. If I do not 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, FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you cannot work, children may be able to get free or reduced price meals during that time.

15. What if my child needs special foods? The Rapid City Area Schools 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 Rapid City Area Schools food service department for further information to request the special diet.

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

Nondiscrimination statement. This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

As stated above, all protected bases do not apply to all programs, *"the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

If you have other questions or need help, call (605-394-4061).

Sincerely,

Janelle Peterson
Food Service Supervisor

INCOME GUIDELINES

Effective July 1, 2013 – June 30, 2014

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

	Annually	Monthly	Twice a month	Every 2 weeks	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
3	\$36,131	\$3,011	\$1,506	\$1,390	\$695
5	\$51,005	\$4,251	\$2,126	\$1,962	\$981
7	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
For each extra member, add	\$7,437	\$620	\$310	\$287	\$144

Look at the Income Guidelines chart.

- **Find your household size.** HOUSEHOLD is: All persons, including parents, guardians, children (including foster children and exchange students), college students, grandparents, and all people related or unrelated who live in your home and share living expenses.
- **Find your household income frequency.** 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. If your income is at or below the income listed, you should apply for meal benefits.

Foster children are eligible for free meals regardless of your income. If you have foster children living with you, look at Part 1 on the application. If you have more questions about applying for them, please contact us.

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. Write it on the application in the earnings column 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.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
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

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

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

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.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

2013-14

New Applicant
 Previous Applicant

(See next page for complete instructions.)

To apply for free or reduced price meals, fill out this application and sign your name.

Part 1. Children's Names		Foster	Age	Child's Name	School or Center	Foster	Age
Child's Name	School or Center						
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 2. Households receiving SNAP, TANF, or FDIPIR: If any member of your household is NOW receiving SNAP, TANF, or FDIPIR but you did not receive a notice of direct certification from the school, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult.

SNAP Case Number: _____ TANF Case Number: _____ FDIPIR Case Number: _____

Part 3. Is this child a migrant, homeless, or runaway?

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box: Homeless Migrant Runaway

Part 4. Total Household Income-- You must tell us how much and how often

A. Name (List <u>everyone</u> in household)	B. Check if NO income	C. Income – list how much you get each pay day and how often you get paid Example: \$100/month or \$100/twice a month or \$100/ every other week or \$100/weekly			
		Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other
Example: Jane Smith	<input type="checkbox"/>	\$ 199.99 /weekly	\$ 149.99 /every other wk	\$ 99.99/monthly	\$ 50.00 /monthly
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /
	<input type="checkbox"/>	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of 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/center will get Federal funds based on the information I give. I understand that 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: _____ Date: _____
 Last 4 digits of Social Security Number: _____ I do not have a Social Security Number
 Printed Name: _____ Home Phone: _____ Work Phone: _____
 Mailing Address: _____ Email Address: _____
 City: _____ State: _____ Zip Code: _____

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American
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FOR SCHOOL/CENTER USE ONLY	
Total income & how often: _____/_____ Household size: _____	SNAP / FDIPIR / TANF or other eligible program household categorically eligible free: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of foster children eligible free: _____ Eligibility classification: <input type="checkbox"/> Free Rate <input type="checkbox"/> Reduced Price Rate <input type="checkbox"/> Paid Rate Date notification sent: _____ Date withdrawn or transferred: _____ Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets SNAP or TANF, you should get a letter in September from the school telling you that your children get free meals. If you are newly certified or if you do not get a letter from school or a Notice of Action from FDPIR, follow these instructions:

Part 1: List each child's name, school/center, age, and/or grade, and put a checkmark in the foster column if any of the children are foster children.

Part 2: List the SNAP, FDPIR, and/or TANF case number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

If you are applying at a school for a child who is homeless, migrant, or a runaway check the appropriate box in Part 3.

ALL OTHER HOUSEHOLDS follow these instructions:

Part 1: List each child's name, school/center, age, and put a checkmark in the foster column if any of the children are foster children.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: 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–Check if no income: If the person, including children, does not have any income, check the box.

Column C–List income and how often it was received: List the types of income each person in your household gets, how much the person gets each payday, and how often the person gets paid

Example: \$200/monthly or \$92.30/twice a month or \$100/every other week \$46.15/weekly

- **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).
- **Welfare, Child Support, Alimony** - Include welfare, child support, alimony you receive.
- **Pensions Retirement, Social Security:** Include these as well as Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits,
- **Farm/Other Income:** Include regular contributions from people who do not live in your household and **all other sources** not previously covered. For farm income, see the worksheet on the back of the application. Next to the amount, write how often the person got it.

Part 5: An adult household member must sign the form and list only the last four digits of his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.

Part 6: Participant's ethnic and racial identities. This section is optional. If you leave it blank, the application will be processed without the information. Filling this out or leaving it blank does not affect the child's eligibility. If you leave this blank, a visual identification of each child's race and ethnicity will be made and recorded in the data system.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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As stated above, all protected bases do not apply to all programs, *"the first six protected bases of race, color, national origin, age, disability, and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.*

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell 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 the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.