

FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS: 2020 - 2021 SCHOOL YEAR

DEAR PARENT OR GUARDIAN:

The Pea Ridge School District takes part in the National School Lunch and Breakfast Programs. Nutritious meals are served each school day. Breakfast costs \$1.70 ; lunch costs \$2.30 (K-6) \$2.55 (7-12) . Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.

HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD.

DO NOT USE PENCIL OR COLORED INK TO COMPLETE THE APPLICATION.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE STUDENTS UP TO AND INCLUDING GRADE 12. For each student, print their birthdate, first name, last name, grade and school. Use one line of the application for each student. When printing names, write one letter in each box. Stop if you run out of space. If there are more students present than lines on the application, attach a second application with all required information for the additional students. If any students listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4. If you believe any student listed in this section may be Homeless, Migrant, Runaway or Head Start check the appropriate box then skip to STEP 4 of the application and follow the instructions for STEP 4.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN SNAP (formerly known as Food Stamps)? If anyone in your household participates in the assistance programs listed, your children are eligible for free school meals. Enter a current case number and skip to STEP 4.

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

NOTICE: If you currently receive Special Supplemental Nutrition Program for Women, Infants and Children (WIC), your enrolled child(ren) may be eligible for free meals. Please complete an application for eligibility determination.

MEALS FOR DISABLED: All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating regular school meals, the school will make any substitutions prescribed by a doctor at no extra charge. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of a disability.

SNAP INFORMATION: Children who are members of currently certified SNAP households may submit applications with abbreviated information. See below:

APPLYING FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in family size, or become eligible for SNAP benefits, you may complete an application at that time. **NOTE THAT ONCE APPROVED, BENEFITS ARE GOOD FOR THE ENTIRE SCHOOL YEAR.** List your normal income. List your overtime if received on a regular basis. If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

STEP 1: List all child(ren)'s attending this district by name, school and grade.

STEP 2: Complete the SNAP case number.

STEP 3: Skip this part.

STEP 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

INFORMATION STATEMENT: 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 your child 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 last four digits of 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 violations of program rules.

MILITARY FAMILIES: Privatized military housing allowance is excluded from income eligibility determinations. For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service members income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for SNAP.

CONFIDENTIALITY: Family size, household income, and Social Security Number information will remain confidential. Information you provide will determine your child(ren)'s eligibility to receive free or reduced price meals.

FAIR HEARING: If you do not agree with the District's decision regarding your application or the result of verification, you may discuss it with your school. You also have the right to a fair hearing. This can be done by calling or writing: Keith Martin, 979 Weston St. Pea Ridge, AR 72751, 800-451-0032 or e-mail kmartin@pearidgek12.com.

If you have any questions or need help in filling out the application form, please do not hesitate to call Julie Ferguson, Food Service Director, at 800-451-4865 ext 4. You will be notified when the application is approved or denied.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by students. Report the combined gross income for ALL students listed in Step 1 in your household. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

B) List All Other Household member's names and income. Do not list any household members you listed in STEP 1.

Report total household size. This number MUST be equal to the number of household members listed in STEP 1 and STEP 3.

Provide the last four digits of your Social Security Number. If no adult household member has a Social Security Number, leave this space blank and check the box to the right labeled "Check if no SSN." If applying for a SNAP household or all students are homeless, migrant or runaway, no Social Security Number is required.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. All applications must be signed by an adult member of the household and included on the application. Adult income information must be included for an income application. Fill in today's date, sign and provide your contact information.

OPTIONAL: SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

Direct Certification: If you receive notification that your child has been directly certified to receive free meals for the school year you **DO NOT** need to apply for meal benefits.

UNTIL your application is processed, you will need to give your child(ren) money to purchase school meals. **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.**

INCOME TO REPORT

Earnings from Work	Salary, wages, cash bonuses, Net income from self-employment (farm or business), Strike benefits
Public Assistance/Alimony/Child Support	Unemployment benefits, Worker's compensation, Supplemental Security Income (SSI), Cash assistance from state or local government, Alimony payments, Child support payments, Veteran's benefits
Pensions/Retirement/All Other Income	Social Security (including railroad retirement and black lung benefits), Private pensions or disability, Income from trusts or estates, Annuities, Investment income, Earned interest, Rental income, Regular cash payments from outside household

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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_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 form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for the free or reduced price meal program. Effective July 1, 2020 - June 30, 2021

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For EACH additional household member add:	\$8,288	\$691	\$346	\$319	\$160