

# Parent/Guardian Income Application for Meals Benefits

## **NOTICE**

### **By Federal law:**

- Approval of parent income applications should occur on or about the beginning of the school year. You must carryover the eligibility status from the previous year for any child with an approved Parent Income Application on file. The carryover is for up to 30 school days (beginning with the first day of school) into the current school year.
- Only **Reduced Price** income guidelines may be provided in family meal packet.
- Only one Parent Income Application may be required for any family within a School Food Authority.
- Annual Income Conversion Procedures have changed. Follow conversion procedures as indicated on the Parent Income Application under “School Use Only” section.
- An accurate eligibility determination is valid for the entire school year. The household is no longer required to report changes in circumstances.

Dear Parent/Guardian:

Children need healthy meals to learn. The Litchfield School District offers healthy meals every school day.

**Breakfast is available at Campbell High School and costs \$1.50. Lunch costs \$1.75 at Griffin Memorial School and \$2.00 at both Litchfield Middle School and Campbell High School.** Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. 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.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school office or to Hilda Lawrence, Director of Food Services, 1 Highlander Court, Litchfield, NH 03052.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP** or **FANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, 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.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Hilda Lawrence, Director of Food Services, to see if they qualify.
5. **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 Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the Food Services Department at 546-0300, Ext. 3112 if you have questions.
7. **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 send in a new application unless the school told you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.

10. 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.
11. 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: STEPHEN MARTIN, BUSINESS ADMINISTRATOR, AT 578-3570.  
  
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.
12. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally 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.
14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or **FANF** assistance benefits, contact your local assistance office.

If you have other questions or need help, call 546- 0300 ext. 3112

Sincerely,

Hilda Lawrence  
Food Services Director  
Litchfield School District  
hlawrence@litchfieldsd.org



**INSTRUCTIONS FOR APPLYING**  
**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)** OR **FINANCIAL AID TO NEEDY FAMILIES (FANF)**, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.  
**Part 2:** List the case number for any household member (including adults) receiving SNAP or FANF benefits.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answering is optional.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR FANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.  
**Part 2:** Skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.  
**Part 6:** Answering is optional.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answering is optional.

**If some of the children in the household are foster children:**

- Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.  
**Part 2:** If the household does not have a case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school. If not, skip this part.  
**Part 4:** Follow these instructions to report total household income from this month or last month.
  - Box A.—Name:** List all household members with income.
  - Box B. —Gross Income and How Often It Was Received:**
    - For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. This information is found on your pay stub or your boss can tell you.
    - For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.
    - Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP or WIC, Federal education benefits and foster payments received by the family from the placing agency.
    - For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property.
    - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.- Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 6:** Answering is optional.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

•**Box A.–Name:** List all household members with income.

•**Box B. –Gross Income and How Often It Was Received:**

- For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. This information is found on your pay stub or your boss can tell you.
- For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.
- Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP or WIC, Federal education benefits and foster payments received by the family from the placing agency.
- For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property.
- If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answering is optional.

**PARENT INCOME APPLICATION FOR FREE AND REDUCED PRICE MEAL BENEFITS**

**Part 1. All Household Members**

NAMES OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	NAME OF SCHOOL FOR EACH CHILD OR INDICATE "N/A" IF CHILD IS NOT IN SCHOOL	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)	CHECK IF NO INCOME
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. SNAP or FANF Benefits**

If any member of your household received SNAP or FANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3. Categorical Benefits**

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison or migrant coordinator. Homeless  Migrant  Runaway

**If no category is checked, skip to part 4.**

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

A. Name	B. Gross income and how often it was received			
List <b>only</b> household members with income	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	(Example) \$200/weekly	(Example) \$150/twice a month	(Example) \$100/monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list 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 form is true and that all income is reported. I understand that the center or day care home 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, my children may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: XXX-XX-\_\_\_\_  I do not have a Social Security Number

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

Choose one ethnic identity:	Choose one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**SCHOOL USE SECTION**

**FOR DETERMINING OFFICIAL USE ONLY**

**\*Families DO NOT complete this section.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \$\_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility:  Homeless  Migrant  Runaway

Income Eligibility:  Free  Reduced Price  Denied

Reason for Denial: \_\_\_\_\_

Temporary Approval:  Free  Reduced Price Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Date Withdrawn from Program (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

Household size	Yearly
1	\$ 20,147.00
2	\$ 27,214.00
3	\$ 34,281.00
4	\$ 41,348.00
5	\$ 48,415.00
6	\$ 55,482.00
7	\$ 62,549.00
8	\$ 69,616.00
Each additional Household member add:	\$ 7,067.00

**Privacy Act 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 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), Financial Aide to Needy Families (FANF) 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 Child Nutrition Program.

**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."