### LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. The Wentzville School District offers healthy meals every school day. Breakfast costs \$1.75; lunch costs \$2.70 (elementary) and \$2.80 (secondary). Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits. For detailed instructions on how to fill out the application please visit the Child Nutrition Department page on the District website at <a href="https://www.wentzville.k12.mo.us">www.wentzville.k12.mo.us</a>.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
  - All children in households receiving benefits from the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (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.

Household Size	Annually	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each add'l person add	+ 7,696	+ 642	+ 148

- 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 Mr. John Schulte at 636-327-3800 or johnschulte@wsdr4.org.
- 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: Child Nutrition Services, 101 Support Service Drive, Wentzville, MO 63385.
- 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 Gwen Doyle at 636-327-3858 ext. 21321 or email gwendoyle@wsdr4.org immediately.
- 5. MY CHIED'S APPLICATION WAS APPROVED LAST YEAR. DO INEED 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. You must send in a new application unless the school told you that your child is eligible for the new school year. Applications for the 2016-2017 school year must be turned in by September 26, 2016 to avoid your child being placed on full price meals beginning September 27, 2016.
- 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: Mr. John Schulte, 1 Campus Drive, Wentzville, MO 63385, 636-327-3800, or johnschulte@wsdr4.org.
- 11. 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.
- 12. 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.
- 13. 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.
- 14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
- 15. 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 Gwen Doyle, 101 Support Service Drive, Wentzville, MO 63385, 636-327-3858 ext. 2132, or gwendoyle@wsdr4.org to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 636-327-3858 ext. 21321. Sincerely,

Susan Raster.

Susan Raster

Director, Child Nutrition Services

USDA Non-discrimination Statement:

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: <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a>, 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 (566) 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.

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Date Received by LEA (LEA use only)

# 2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil),

STEP

us all thousand mainers of coare intension direct and audens upocardinated references bases are requested.

Write only one case number in this space 1 certify (formiss) 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 receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give List all Household Members not listed in STEP 1 (including yourself) even if they do not roceive income, For each Household Member listed, if they do receive income, report gross income for each source in whole dollars 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. Weetly Bl-Weeldy 2x Month Check if no SSN How often? Per: DWeek DEvery 2 Weeks DTwice a Month DMonth Grade Pensions/Retirement/ Weekly Bi-Weekly 2x Month Monthly All Other Incomo **Building Name** Do any Household Members (Including you), currently participate in one or more of the following as is ancelorgeans. SNAP, TANE, or FDB Date: Daytime Phone and Email (optional) Date Approved/Denied: × Date withdrawn: × ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) × Wooldy Bi-Weekly 2x Month Today's date How often? × Childincome primary wage earner or other adult household member, If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3). Case Number: 67 2 Last four digit of Social Security Number (SSN) of Child Support/Alimony A. Child Income Sometimes children in the household earn income, Please include the TOTAL gross income earned by all children listed Public Assistance/ diz w Child's Last Name State Weekly Bi-Weekly 2x Month How often? Signature of adult completing the form 5 Fotal Income:\_ felse information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws, Earnings from Work B. All Adult Household Members (including yourself) DO NOTIFIEL OUT THIS SECTION (THIS IS FOR SCHOOL USE ONLY Cir त्रस्करम् गिरुवागस्य त्यान्यम् मुवाद्यम् मिष्मिष्टम् विष w monnation and adult signatura Name of Adult Household Members (First and Last) Confirming Official's Signature (For verification purposes only); Apt# Household size: Total Household Members (Children and Adults) Eligibility: DFree DReduced DDenied Reason: Child's First Name STEP 1 here. ☐Food Stamps/Temporary Assistance Printed name of adult completing the form Determining Official's Signature; CONFER definition of Homeless, Migrant or Runaway are eligible for free meals, Read How to Apply for Free and Definition of Household Member: "Anyone who is living with you and shares will help you with the All Adult Household Members section. Street Address (if available) and children who meet the Meals for more information, Income question. The Income for Children and Reduced Price Sources of Income income and expenses, Children in Foster care Reduced Price School you with the Child for Adults section to Apply for Free School Meals for Please read How more information. The Sources of section will help oven if not related." SIEP2 STEP 4 STEP3

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### INSTRUCTIONS Sources of Income

Sources of Inc	Sources of Income for Children	0	Source of Inc
Sources of Child Income	Example(s)	Eamings from Work	Public A
- Famine from und	- A child has a regular full or part-time job	**************************************	Alimony/Cl
NOW HOLD SOUTH	where they eam a salary or wages	- Salary, wages, cash bonuses	- Unemployment b
- Social Security	- A child is blind or disabled and receives Social	Net income from self-	- Worker's comper
- Disability Payments	Security benefits	cinjulyment (farm of pusiness)	(SSI)
- Survivor's Benefits	- A Parent is disabled, refired, or deceased, and	If you are in the U.S. Military:	- Cash assistance
	ureir child receives Social Security benefits		local government
- Income from person ordside the household	- A friend or extended family member	- Basic pay and cash bonuses (do NOT	- Alimony payment
BIGGS OF THE STATE	regularly gives a child spending money	indude combat pay, FSSA or privatized	Child support pay
	A 11/12	( nousing atowances)	Veteran's benefits
- Income from any other source	and secures regular income from a private pension fund annuity or trust	- Allowances for off-base housing,	Shike benefits

	Sources of Income for Adults	SJI
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
<ul> <li>Salary, wages, cash bonuses</li> </ul>	Unemployment benefits	- Social Security fincluding railroad
<ul> <li>Net income from self-</li> </ul>	- Worker's compensation	retirement and black lung benefits)
employment (farm or business)	Supplemental Security Income	- Private pensions or disability benefits
88 88	(SSI)	<ul> <li>Regular income from trusts or estates</li> </ul>
If you are in the U.S. Military:	- Cash assistance from State or	- Annuities
	local government	- Investment income
<ul> <li>Basicpay and cash bonuses (do NOT</li> </ul>	- Alimony payments	- Eamed interest
include combat pay, FSSA or privatized	Child support payments	- Rental income
housing allowances)	- Veteran's benefits	- Regular cash payments from outside
- Allowances for of these housing	· Strike benefits	household

## Onlidrens Rebral and Ethnic benitites

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): Hispanic or Latino O Not Hispanic or Latino

Race (check one or more): 🗆 American Indian or Alaskan Native 🗀 Asian 🗀 Black or African American 🗀 Native Hawaiian or Other Pacific Islander 🗀 White

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 number 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.

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.

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- 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.

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### REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

boes each child in your failing have healtheare insurance:				
YES				
NO .				
MO HealthNet (Medicaid) is considered healthcare insurance.				
If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.				
Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.				
Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.				
Printed name of parent/guardian:				
Mailing Address:				
City: State: Zip Code:				

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/SO4/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2965; email <a href="mailto:civilrights@dese.mo.gov">civilrights@dese.mo.gov</a>.

### SHARING INFORMATION WITH OTHER PROGRAMS

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Dear	rai	rent		larc	nan.

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Family Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- O No! I DO NOT want information from my Free and Reduced Price School Meals Family Application shared with this program.
- O Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with the ACT Test Fee Waiver Program (This applies to High School Juniors & Seniors Only)
- O Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application with the Holiday Assistance Adopt-a-Family Program (Not applicable for applications turned in after December 1, 2016)

If you checked yes to any or all of the boxes above, please fill out the form below. Your information will be shared only with the program checked.

School:		
School:		
School:		
PARTICIPATION OF THE PARTICIPA	Date:	_
	•	
	School:School:School:	School: School: School: Date:

For more information, you may call Child Nutrition Services at 636-327-3858 ext 21321.

Return this form to:

Child Nutrition Services 101 Support Service Drive Wentzville, MO 63385