

HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS – 2023/2024 SCHOOL YEAR

You may also apply for benefits by completing an online application at linkconnect.com (quicker method). For translated materials, contact KidsEat@usd259.net. Your child may qualify for free meals or for reduced price meals. Your student is expected to pay full price for meals until the application is processed; you will be notified when your application is processed. Please verify that your mailing address is correct at your child's school so you can be notified. If you wish to be notified electronically, please provide a valid email on your application. If you do not receive a letter within ten business days or have any questions, contact Nutrition Services at 316-973-2160 or KidsEat@usd259.net.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE WICHITA PUBLIC SCHOOL STUDENTS UP TO AND INCLUDING GRADE 12. For each student, print their first name, last name (exact same name used in enrollment), birthdate, 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 are applying for both foster and non-foster children, go to Step 3. If you believe any student listed in this section may be Homeless, Migrant or Runaway check the appropriate box and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN Food Assistance (FA), Temporary Assistance for Families (TAF), The Food Distribution Program on Indian Reservations (FDPIR)? If anyone in your household participates in the assistance programs listed, your children are eligible for free school meals. Select the benefit type, enter a current case number and the name of the person with the case number (optional). If you participate in one of these programs and do not know your case number, contact the Kansas Department for Children and Families.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Household members do NOT have to be related)

- Gross income is the total income received before taxes. 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 reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Report income in whole dollars, no cents.
- Write a "0" in any field 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 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.
- Mark how often each type of income is received using the check boxes to the right of each field.

A) Report the combined gross income and frequency 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. See Sources of Income for Children chart below.

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

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money.
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives income from a private pension fund, annuity, or trust.

B) List All Other Household member's names, gross income and frequency 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 people who live with you but are not supported by your household's income AND do not contribute income to your household. See Sources of Income for Adults chart below. Do Not list any members you listed in Step 1

Sources of Income for Adults		
Earnings From Work	Public Assistance/ Alimony/Child Support*	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits <p>*Do not report the cash value of any public assistance benefits not listed on the chart. If income is received from child support or alimony, only report court-ordered payments.</p> <p>Informal but regular payments should be reported as "other" income.</p>	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

What if I am self-employed? If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss

from the business cannot be deducted from a positive income earned in other employment. For the purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040, Schedule 1. Add together the amounts reported on the following lines:

Schedule 1, Line 3	\$ _____	Business Income or (Loss)
1040, Line 7	\$ _____	Capital Gain or (Loss)
Schedule 1, Line 4	\$ _____	Other Gains or (Losses)
Schedule 1, Line 5	\$ _____	Rental real estate, royalties, partnerships, S corporations, trusts, etc.
Schedule 1, Line 6	\$ _____	Farm Income or (Loss)
TOTAL	\$ _____	Gross Annual Income Before Any Deductions
Computed Monthly Income	\$ _____	Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3B

C) Report total household size. This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back, and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

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

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. Sign and provide your contact information if available. All applications must be signed by an adult member of the household and included on the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements. For children placed in out-of-home care, please note the facility in step 4. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. If you share your email address, you will receive your notification letter via email.

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.

SUBMIT: Return your completed application to your child's school. If you have any questions or need assistance in completing the application, please call (316) 973-2160 or email KidsEat@usd259.net. Nutrition Services will notify you by mail or email when your application is processed.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for FA, TAF or FDPIR benefits, you may complete an application at that time.

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 primary wage earner or other 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 Food Assistance (FA) Temporary Assistance for Families (TAF) 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) **fax:**
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**
program.intake@usda.gov

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Only use this address if you are filing a complaint of discrimination.