

Dear Parent/Guardian:

Children need healthy meals to learn. **Lake Hamilton School** offers healthy meals every school day. Breakfast cost **\$1.75 K-12**; lunch cost **\$2.25 K-5, \$2.50 6-12**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.30 cents** for breakfast and **.40 cents** 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: Vivian Nicholson, LHSD Child Nutrition, 205 Wolf Street, Percy, AR 71964.**

2. Who can get free meals? All children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) can get free meals regardless of your income. Also, your children can get free meals if your household 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 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 **Amy Humphries Homeless Liaison, 501-760-5443** or email amy.humphries@lh.k12.ar.us or **Patricia Hayes, Migrant Coordinator, 501-767-2306**, or email patricia.hayes@lh.k12.ar.us to see if your child(ren) 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 Income Eligibility Chart, shown on this application.

6. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at **501-767-8315** 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 free meals 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, we may 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 or 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 **Steve Anderson, Superintendent, 205 Wolf Street, Percy, AR 71964, 501-767-2306** or email steve.anderson@lh.k12.ar.us.

12. 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 a U.S. citizen to qualify for free or reduced price meals.

13. 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 who live 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.

14. What if my income is not always the same? List the amount that you normally get. 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, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. 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.

16. 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 the deployment and it wasn't received before the deployment, combat pay is not counted as income. Contact your school for more information.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, call or go to the Department of Human Services (DHS) office in any county and ask for an application form. The application is available for printing online at <http://www.arkansas.gov/dhs/dco/OPPD/>

18. The free and reduced lunch statistics allow our schools to receive technology funding from the federal government. It provides access to the Internet and distance learning services. Please help us by returning this form.

If you have other questions or need help, call **501-767-8315**.

Si necesita ayuda, por favor llame al teléfono: 501-767-8315.

Si vous voudriez d'aide, contactez nous au numero: 501-767-8315.

Sincerely,
Vivian Riley Nicholson

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

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

Part 2: Complete the name of the household member receiving SNAP benefits and the SNAP case number.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

If NO ONE in your household receives SNAP benefits AND if all child(ren) in your household is/are foster child(ren):

Part 1: List all the child(ren) in the household attending school at this district by name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

ALL OTHER HOUSEHOLDS, including households with both foster and non-foster children in the same household and WIC households, follow these instructions:

Part 1: List each child's name, school, and grade. Check the box for each child(ren) that is the legal responsibility of welfare agency or court.

Part 2: If the household does not have a SNAP case number skip this part. If a SNAP case number is listed skip to Part 4 of this form.

Part 3: Follow these instructions to report total household income from last month.

Column 1: Name: List the first and last name of **each** person 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 who live 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.

Column 2: Gross income last month and how often it was received. Next to each person's name list each type of income received for the month, and how often the money is received. For example, *Earnings from work:* List the **gross income** (not take home pay) each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person receives the income (for example: weekly, every other week, twice a month, or monthly).

Column 3: List the amount each person got last month from welfare, child support, alimony,

Column 4: List the amount each person got last month from pensions, retirement, Social Security Supplemental Security Income (SSI), Veteran's benefits (VA benefits),

Column 5: List the amount each person got last month from ALL OTHER INCOME SOURCES. Do not include the Department of Defense's Family and Subsistence Supplemental Allowance (FSSA) as income. Include disability benefits, Worker's Compensation, unemployment, strike benefits and regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 6–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 5: Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

Part 6: If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

LHSD #5 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

| Part 1. Children in School at this district | | | |
|---|-------------|-------|--|
| Names of all children in school at this district (First, Middle Initial, Last) | School Name | Grade | Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to part 4 of this form. |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Part 2. SNAP Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, provide the name and case number for any household member that receives benefits and skip to Part 4. If no one receives SNAP benefits, skip to Part 3.

Name: _____ Case Number: _____ - _____ - _____

| Part 3. Total Household Gross Income—You must tell us how much and how often | | | | | |
|--|--|---------------------------------|---|--------------------|------------------------------|
| A. Name (List everyone in household) | B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i> | | | | C. Check if NO income |
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, Retirement, Social Security, SSI, VA benefits | All Other Income | |
| | Income / How often | Income / How often | Income / How often | Income / How often | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |

Part 4. Signature and Last Four Digits of Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must 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 form.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school 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 meal benefits, and I may be prosecuted.

Sign here: X _____ Social Security Number: xxx-xx-_____-____ (last 4 digits only)
 Print Name: _____ I do not have a Social Security Number
 Phone Number: _____ Address: _____
 Date: _____ City, State, Zip: _____

Part 5. Children's racial and ethnic identities. Mark one box in each category (optional).

| | |
|--|---|
| <p>Choose one or more (regardless of ethnicity):</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> | <p>Choose one ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> |
|--|---|

Part 6. Disclosure (Optional)

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ARKids 1st).

Don't fill out this part. This is for school use only.

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: _____ **SNAP* (food stamps):** _____ **Categorically Eligible:** _____ **Date Withdrawn:** _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ **Date:** _____

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

| FEDERAL INCOME CHART | | | |
|-----------------------------|------------------|----------------|----------------|
| For School Year | | | |
| Household size | Yearly | Monthly | Weekly |
| 1 | \$ 20,147 | \$1,679 | \$ 388 |
| 2 | \$ 27,214 | \$2,268 | \$ 524 |
| 3 | \$ 34,281 | \$2,857 | \$ 660 |
| 4 | \$ 41,348 | \$3,446 | \$ 796 |
| 5 | \$ 48,415 | \$4,035 | \$ 932 |
| 6 | \$ 55,482 | \$4,624 | \$1,067 |
| 7 | \$ 62,549 | \$5,213 | \$1,203 |
| 8 | \$ 69,616 | \$5,802 | \$1,339 |
| Each additional person: | \$ 7,067 | \$ 589 | \$ 136 |

***SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

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 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), case 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.

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."