



District Office
501 West Sickles Street
St. Johns, MI 48879
Telephone: 989.227.4050
Fax: 989.227.4099
www.sjredwings.org

NATIONAL SCHOOL LUNCH PROGRAM – UPDATE!

Dear Parent or Guardian:

CHANGES TO SCHOOL MEALS FOR 2022-2023 SCHOOL YEAR!

The USDA's program that provided free school meals for all students ends with the start of this school year. This means that unless qualifying families turn in a free/reduced meal application, they will need to **pay full price for meals**.

We will need your household to **fill out and sign the Free and Reduced-Price Meal Application**. This information is critical not only to ensure that eligible students receive meals but also in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-Risk (31a), Title II A, E-Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional support (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit the application as soon as possible to ensure qualifying students are eligible for free/reduced meals and that additional funding for our school is available to meet the needs of our students. All information on the application submitted is confidential. Without your assistance in completing and returning the attached application, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact me at 989-227-4127.

Sincerely,

Edith Robinson

Food Service Director



Who Should fill out a
**Free and Reduced-price Meal
Application?**
Everyone
(even if you don't think you qualify)

St. Johns Public Schools Free and Reduced-price meal are **Strictly Confidential!**

We welcome applications at any time during the school year.

**Over 30 Million students participate in the
National School Lunch Program every school day.**

Over 50% received Free Meals!

- Family finance is a very personal matter and your application is handled with **confidentiality and respect.**
- Students receiving meal benefits are **not identified in the service line.**
- All students use the same service line and the computer screen does not indicate which students are free and reduced-price.
- Free and Reduced -price meals are provided with federal tax dollars. The school district **does not** subsidize meals to students who qualify.
- Free and Reduced benefits help the District qualify for more grants that will benefit all students academically.

How to Apply for Free and Reduced-price Meal Benefits

Complete an application online at stjohnspublic.familyportal.cloud (**recommended**)

Online applications go directly to the Food & Nutrition Office.

****Prevents loss or misplacement of applications****

OR

Complete a paper application using the forms available at the school office, district office or sent home with your child.

Black or Blue Ink must be used on paper applications.

(We cannot accept applications that are filled out with pencil.)

Submit new applications for the upcoming school year starting July 1st.

**Students will be charged for meals this school year unless an application is
submitted and approved.**

Send **fully completed** applications to:

Edith Robinson, Child Nutrition Director
501 Sickles St., St. Johns, MI 48879

or

Send the application to school with your student in a sealed envelope to the attention of
Edith Robinson, Child Nutrition Director

Applications cannot be processed if there is missing or incomplete information.

[illegible]

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 contact Sara Finley, 989.227.4005, finleys@sjredwings.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: Food Service Director, 501 W. Sickles St. St. Johns, MI 48879, 989.227.4127, robinsone@sjredwings.org
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 received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Edith Robinson, Food Service Director, 501 W. Sickles St., St. Johns, MI 48879, 989.227.4127, robinsone@sjredwings.org.
5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit lunchapp.com to begin or to learn more about the online application process. Contact Edith Robinson, Food Service Director, 501 W. Sickles St., St. Johns, MI 48879, 989.227.4127, robinsone@sjredwings.org. if you have any questions about the online application.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED 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, through **October 17, 2022**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. **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.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **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.
10. **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: Kelly Corbett, Deputy Superintendent of Finance and Human Resources, 989.227.4016, corbetk@sjredwings.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 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 occasionally. 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, 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 Edith Robinson, Food Service Director, 501 W. Sickles St., St. Johns, MI 48879, 989.227.4127, robinsone@sjredwings.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 Assistance Program (FAP)** or other assistance benefits, contact your local assistance office https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US or call **1-855-275-6424**.
17. If you have other questions or need help, please contact: Edith Robinson, Food Service Director, 501 W. Sickles St., St. Johns, MI 48879, 989.227.4127, robinsone@sjredwings.org.

Sincerely,

Edith Robinson

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in St. Johns Public Schools. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Edith Robinson, Food Service Director, 989-227-4127, robinsons@sjredwings.org.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending St. Johns Public Schools regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at St. Johns Public Schools? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend St. Johns Public Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave **STEP 2** blank and go to **STEP 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: St. Johns Public Schools.
Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled “**Sources of Income for Adults**” and “**Sources of Income for Children**,” printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - 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.
- Write a “0” in any fields 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.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

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

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household 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.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am 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.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. 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. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” 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.

G) 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 to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. 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 on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. 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.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail Completed Form to: St. Johns Public Schools, 501 W. Sickles St., St. Johns, MI 48879

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

2022-2023 Household Application for Free and Reduced-Price School MealsApply online: stjohnspublic.familyportal.cloud

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more lines are required for additional names, attach another sheet of paper)

Definition of **Household Member**. "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

| Child's First Name | MI | Child's Last Name | Student? | | School | Grade | Foster Child | Homeless Migrant, Runaway |
|--------------------|-------|-------------------|--------------------------|--------------------------|--------|-------|--------------------------|---------------------------|
| | | | Yes | No | | | | |
| 1) _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIRIf **NO** > Go to STEP 3. If **YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3).Case Number: _____
(Write only one case number in this space)**STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)**

Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by

All Household Members listed in STEP 1 here.

Child Income

\$ _____

How Often? Please put an X

Weekly Bi-Weekly 2x Month Monthly Annually

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) 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.

PLEASE PRINT

| Name of Adult Household Members (First and Last) | Earnings from Work | How Often? | | | | | Public Assistance/ Alimony/Child Support | How Often? | | | | | Pensions/Retirement/ All Other Income | How Often? | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
| 1) _____ | \$ _____ | <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"/> | <input type="checkbox"/> |
| 2) _____ | \$ _____ | <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"/> | <input type="checkbox"/> |
| 3) _____ | \$ _____ | <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"/> | <input type="checkbox"/> |
| 4) _____ | \$ _____ | <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"/> | <input type="checkbox"/> |
| 5) _____ | \$ _____ | <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"/> | <input type="checkbox"/> |
| Total Household Members (Children and Adults) _____ | Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____ | | | | | | | | | | | | | | | | | |
| Check if no SSN <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

STEP 4: Contact information and adult signature. Mail Completed Form to: St Johns Public Schools Att: Food Service 501 . Sickels St., St Johns MI 78879

"I certify (promise) 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 false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

| | | | | | |
|-------------------------------|------|------|-------|-----|------------------------------------|
| Street Address (if available) | Apt# | City | State | Zip | Daytime Phone and Email (Optional) |
|-------------------------------|------|------|-------|-----|------------------------------------|

Printed Name of Adult Signing Form

Signature of Adult

Today's Date

INSTRUCTIONS: Sources of Income

| Sources of Child Income | Examples |
|---|---|
| Earnings from work | A child has a regular full or part-time job where they earn a salary or wages |
| Social Security - Disability Payments - Survivor's Benefits | 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. |
| Income from person outside the household | A friend or extended family member regularly gives a child spending money. |
| Income from any other source | A child receives regular income from a private pension fund, annuity, or trust. |

| Sources of Adult Income | Examples |
|---|---|
| Earnings from work | Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing |
| Public Assistance / Alimony / Child Support | -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits |
| Pensions / Retirement / All Other Income | -Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household |

Optional: Children's Racial and Ethnic Identities

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 child(s) eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ **Hispanic or Latino** ☐ **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 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 investigate 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 [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

(1) by: 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.

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

This institution is an equal opportunity provider.

DO NOT FILL OUT: 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: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____
Weekly Bi-Weekly 2x Month Monthly Annually Free Reduced Denied

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

Federal Income Eligibility Guidelines

(This form is for school personnel use only.)

Family income criteria to be used for the 2022-2023 school year for School Lunch, School Breakfast, or Special Milk Programs.

A. Scale for Free Meals or Free Milk

B. Scale for Reduced-Price Meals

| Total Family Size | Annual | Monthly | Twice per Month | Bi-Weekly | Weekly | Annual | Monthly | Twice per Month | Bi-Weekly | Weekly |
|-------------------|--------|---------|-----------------|-----------|--------|--------|---------|-----------------|-----------|--------|
| 1 | 17,667 | 1,473 | 737 | 680 | 340 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 23,803 | 1,984 | 992 | 916 | 458 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 29,939 | 2,495 | 1,248 | 1,152 | 576 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 36,075 | 3,007 | 1,504 | 1,388 | 694 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 42,211 | 3,518 | 1,759 | 1,624 | 812 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 48,347 | 4,029 | 2,015 | 1,860 | 930 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 54,483 | 4,541 | 2,271 | 2,096 | 1,048 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 60,619 | 5,052 | 2,526 | 2,332 | 1,166 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| | 6,136 | 512 | 256 | 236 | 118 | 8,732 | 728 | 364 | 336 | 168 |

*For each additional household member add this amount.

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack, or milk at no cost, if available (Special Milk Program only). Column A is used for the National School Lunch Program and School Breakfast Program, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced-price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after-school snack program is available, all children qualifying for free and reduced-price lunches will also qualify for free and reduced-price breakfasts and/or snack. The charge for a reduced-price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents. Column B must therefore be used in providing reduced price meals.

INCOME TO REPORT

| Earnings from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All Other Income |
|---|--|--|
| <ul style="list-style-type: none"> Salary, wages, cash bonuses, commission Net income from self-employment (farm or business) Strike benefits, unemployment compensation <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 Pensions | <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Net Rental income <i>Regular</i> cash payments from outside household Adoption assistance payments |

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced-Price School Meals, your child may qualify for other programs. 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.

Yes! **I DO** want school officials to share information from my Application for Free and Reduced-Price School Meals with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide food support (weekend backpacks, holiday meals, etc.).
- ☐ Programs that provide field trip support (reduced rates or scholarships for field trips).
- ☐ Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- ☐ Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).

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

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name: _____ Address: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call _____ at _____.

USDA Nondiscrimination Statement

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, audiotope, 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: [USDA Program Discrimination Complaint Form](#), 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 |

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Return this form to: St. Johns Public Schools Food Service.