

Return Completed Application to: **(Pleasanton Public School PO Box 190, Pleasanton NE68866)**

Part 1: Children in School

| | | | | |
|---|-------|------------------------------|--------------------------|----------------------------|
| List names of all children in school (First, Middle Initial, Last). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application. | Grade | Name of School Child Attends | Check all that apply: | |
| | | | Foster Child | Homeless, Migrant, Runaway |
| | | | <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: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

| | | | | | | |
|--|---|-----------|---|-----------|---|-----------|
| 1. Household Members List everyone in the household, current income each person earns in whole dollars (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s personal use income must be listed. | 2. Gross Income (before taxes) and How Often it was Received | | | | | |
| | Earnings from Work before deductions | | Public Assistance, Child Support, Alimony | | Pensions, Retirement and All Other Income | |
| | Income | How often | Income | How often | Income | How often |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Number of Household Members: (Children and Adults) _____ Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____ Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

“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.”

Sign here: _____ Print name: _____ Date: _____

Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children’s Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – **Check one or more Racial Identities:**

Hispanic or Latino Asian Black or African American Native Hawaiian or other Pacific Islander
 Not Hispanic or Latino White American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per _____
 Year Month 2 X Mo Every 2 Wks Week

| | | |
|---|--|---|
| <input type="checkbox"/> Free | <input type="checkbox"/> Reduced | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Income | <input type="checkbox"/> Categorically eligible: | Reason for denial: |
| <input type="checkbox"/> SNAP/TANF/FDPIR | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Income too high |
| <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School) | | <input type="checkbox"/> Incomplete application |

Signature of Determining Official: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: _____ Date Confirmed: _____
 Signature of Verifying Official: _____ Date Verified: _____

Date Withdrawn From School: _____

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

| FEDERAL INCOME CHART for School Year 2020-21 | | | | | |
|--|--------|---------|-----------------|-----------------|--------|
| Household size | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1 | 23,606 | 1,968 | 984 | 908 | 454 |
| 2 | 31,894 | 2,658 | 1,329 | 1,227 | 614 |
| 3 | 40,182 | 3,349 | 1,675 | 1,546 | 773 |
| 4 | 48,470 | 4,040 | 2,020 | 1,865 | 933 |
| 5 | 56,758 | 4,730 | 2,365 | 2,183 | 1,092 |
| 6 | 65,046 | 5,421 | 2,711 | 2,502 | 1,251 |
| 7 | 73,334 | 6,112 | 3,056 | 2,821 | 1,411 |
| 8 | 81,622 | 6,802 | 3,401 | 3,140 | 1,570 |
| Each additional person: | 8,288 | 691 | 346 | 319 | 160 |

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 are 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.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 (866) 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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