

Breakfast/Lunch Start of School Information

*9635 Breakfasts Served*****44,570 Lunches Served!!*

**WE WANT ALL OUR STUDENTS PARTICIAPTING IN OUR
BREAKFAST/LUNCH PROGRAMS—IT TRULY DOES HELP
OUR SCHOOL!!**

Lunch/Breakfast Program Prices

	Daily	Weekly	Monthly
Lunch Prices	\$2.55	\$12.75	\$51
Breakfast	\$1.75	\$8.75	\$35
2nds	\$1.15		
Extra Milk	.60 cents		
Adult Lunch	\$3.25		
Adult Breakfast	\$1.75		

Free and Reduced Lunch/Breakfast Program

It is customary that we send a direct mailing home to each household outlining the Free and Reduced Lunch Program and the forms that are needed to be filled out to be eligible for the Free and Reduced Lunch Program. Several parents have communicated that they appreciated getting the information prior to the start of school.

The Free and Reduced Lunch/Breakfast Program has a tremendous impact on our school--not only does it assist students/families in the lunch/breakfast program, but the Free and Reduced Program also has an impact on State Aid and Federal Title Dollars. Below are several key points about the Free and Reduced Lunch Program:

1. The Free and Reduced Program information is strictly confidential. When students go through the lunch/breakfast program there are no lists or procedures that single out students who qualify for Free and Reduced Lunch/Breakfast.
2. Students who qualify for Free and Reduced Lunches also qualify for Breakfast.
3. The Free and Reduced Lunch/Breakfast Program only covers the cost for the first meal. The Free and Reduced Program does not cover the cost when the students go back for extra helpings. The cost of 2nds is \$1.15 cents.
4. The Free and Reduced Lunch/Breakfast Program is a federal program that is run through the state department of education. It is a program that you have paid for through your taxes and should be looked at as money, coming back to benefit your community.



Burwell Public Schools
190 I Street, Burwell NE 68823
(308) 346-4150

Superintendent - Mr. Dan Bird
Jr/Sr High Principal - Mr. Dave Owen
Elementary Principal - Mr. Darrin Max

08/01/2017

Dear Parent/Guardian:

Children need healthy meals to learn. **Burwell Public Schools Dist. 100** offers healthy meals every school day. Breakfast costs **\$1.75**; lunch costs **\$2.55**. **Your children may qualify for free or reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 27, 2017** in order to avoid an interruption in meal benefits.

This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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.

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 **Burwell Public Schools, 308-346-4150** or **David Owen e-mail at dave.owen@burwellpublicschools.com**

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: David Owen, Principal or Verda Thoene, Bookkeeper, Burwell Public Schools, 190 I St., 308-346-4150.*

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 Verda Thoene, Bookkeeper, 308-346-4150 immediately.*

5. CAN I APPLY ONLINE? *You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.burwellpublicschools.org to begin or to learn more about the online application process. Contact David Owen, Principal, 308-346-4150 if you have any questions about the online application.*

Instructions for Completing the Free & Reduced Price School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For households with FOSTER CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

If some of the children in the household are foster children:

- Part 1:** List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: 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. Attach another sheet of paper if necessary.

Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (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

Return Completed Application to: *(Insert School name, mailing address here)*

Part 1: Children in School

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	<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

Free Reduced Denied
 Income Reason for denial:
 Categorically eligible: Income too high
 SNAP/TANF/FDPIR Incomplete application
 Foster Child

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: _____

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2016 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is 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 mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

USDA announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income".

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line 7 cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 22 (total income) and line 37 (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2016 U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss)	
Line 13, Capital Gain (or loss)	
Line 14, Other Gains (or losses)	
Line 17, Rental Real Estate, etc.	
Line 18, Farm Income (or loss)	

NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

Total of above lines: _____ **equals annual self-employed income***

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

* This figure can be reported on the application under "Earnings from Work."