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

Attachment B: 2014-15

Superintendent - Mr. Dan Bird
Jr/Sr High Principal - Mr. Dave Owen
Elementary Principal - Mr. Gordon Goodman

August 1, 2014

Dear Parent/Guardian:

Children need healthy meals to learn. **Burwell Public Schools** offers healthy meals every school day. Breakfast costs **$1.45**; lunch costs **$2.25**. Your children may qualify for free meals or for reduced-price meals. Reduced-price is **$ .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 24, 2014,** in order to avoid an interruption in meal benefits.

Frequently asked questions and answers:

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

2. **Who can get free meals?**
   All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free meals if your household's 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. Any foster child in the household is 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 **Burwell Public Schools, David Owen, 308-346-4150** to see if they 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 Eligibility Income Chart shown with this application.

6. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?**
   Please read the letter carefully and follow the instructions. Call the school at **308-346-4150** if you have questions.

7. **My child's application was approved last year for meal benefits. 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 the new school year.

8. **I receive 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:
    Daniel Bird, Superintendent, PO Box 670, Burwell, NE 68823, e-mail danbird@esu10.org.

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 U.S. citizens 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 living 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 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 make $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime 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 his combat pay counted as income?**
    No, if the combat pay is received in addition to his basic pay because of his deployment and it wasn't received before he was deployed, combat pay is not included 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 economic assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

If you have other questions or need help, call **308-346-4150**
Si necesita ayuda, por favor llame al teléfono: **308-346-4150**
Si vous voudriez d'aide, contactez nous au numero: **308-346-4150**

Sincerely,

David Owen, Jr/Sr High Principal

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

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to 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: Sign the form. The last four digits of a Social Security Number do not need to be reported.
Part 5: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, 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: Sign the form. The last four digits of a Social Security Number do not need to be reported.
Part 5: Answer this question if you choose to.

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 Names: 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: 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. For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits) and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. For individuals who are self-employed, report income after expenses from business, farm or rental property. **Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the Military Privatization Housing Initiative or receive combat pay, do not include these allowances as income.
Column 3–Check if NO income: If the person does not have any income, check this box.
Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number OR mark the box if he/she doesn't have one.
Part 5: Answer this question if you choose to.

For ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

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 Names: 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: 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. For earnings, be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits) and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income. For individuals who are self-employed, report income after expenses from business, farm or rental property. **Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are in the Military Privatization Housing Initiative or receive combat pay, do not include these allowances as income.

Column 3–Check if NO income: If the person does not have any income, check this box.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number OR mark the box if he/she doesn't have one.

Part 5: Answer this question if you choose to.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2014-15

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
	☐		
	☐		
	☐		
	☐		
	☐		

Part 2: 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 Names List **everyone** in household and the income each earns & how often OR check the box at the right if they have no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received								3. Check if NO income
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security, SSI, VA Benefits, Disability		All Other Income (Self Employment)		
	Income	How often	Income	How often	Income	How often	Income	How often	
									☐
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Part 4: Signature and Social Security Number (Adult Must Sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Use of Information Statement on page 2)

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: _____ Print name: _____ Date: _____

Address: _____ Zip _____ Phone Number: _____

Social Security Number (last 4 digits): XXX – XX – _ _ _ _ ☐ I do not have a Social Security Number

Part 5: Children's Ethnic and Racial Identities (Optional)

Mark one Ethnic Identity: - - and - - **Mark one or more Racial Identities:**

☐ Hispanic or Latino
☐ Not Hispanic or Latino

☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander

Do Not Fill Out This Part. 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

Categorically Eligible: SNAP/TANF/FDPIR ☐ Foster Child ☐

Free ☐

Reduced ☐

Denied ☐ Reason for Denial: Income too high ☐ Incomplete App. ☐

Date Withdrawn from School: _____

Signature of Determining Official _____ Date Approved: _____

Signature of Confirming Official (Verification only) _____ Date Confirmed: _____

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 2014-15					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	7,511	626	313	289	145

Use of Information 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 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing 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.

As stated above, all protected bases do not apply to all programs. The first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for all applicants and recipients of the Child Nutrition Programs.

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 2013 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 **2013 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 is to be reported on the application under "All Other Income".

Sharing Information with Other Programs - Optional

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify.

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 Free and Reduced Price School Meals Application with **Principal-Special Projects/Events.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Principal/Athletic Director-Special Equipment/Attire.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Music Department**

If you checked "yes" to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed 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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Daniel Bird-Superintendent or Dave Owen-Principal at the High School 346-4150.**
Gordan Goodman-Principal at Elementary School 346-4431.

Return this form to: Burwell Jr Sr High School, PO Box 670, Burwell, NE 68823 by 8/25/14