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# INSTRUCTIONS FOR APPLYING

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP OR KTAP**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List only household members and the name of each child's school (if known).

**Part 2:** List the case number for any household member (including adults) who receives **SNAP or KTAP**.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **the cafeteria manager** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP or KTAP** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **Juanita Bisig at 502-585-3291**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

**Part 5:** Answer this question if you choose.

Turn the form in to **the cafeteria manager** at your school.

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 and the school name for each child. 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 are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **the cafeteria manager** at your school.

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

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question if you choose.

Turn the form in to **the cafeteria manager** at your school.

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **Juanita Bisig at 502-585-3291**.

**Part 2:** Skip this part.

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

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
  - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
  - **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.
  - **Income received from welfare, child support, and alimony:** List the amount each person received.
  - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
  - **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. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question if you choose.

Turn the form in to **the cafeteria manager** at your school.

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**2014-2015 ARCHDIOCESE OF LOUISVILLE SCHOOLS APPLICATION FOR  
FREE & REDUCED PRICE MEALS**

**Part 1. All Household Members**

List the names of all household members (First, Middle, Last). A household member is any adult or child living in the home.  (Attach an extra sheet if needed)	Write the name of each child's school. Write N/A if the household member is not in school.	Place a check in the box below if the child is foster, homeless, migrant, runaway or in Head Start and skip to Part 4.					Check below if this person receives <b>NO INCOME</b>
		Foster	Homeless	Migrant	Runaway	Head Start	
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>
6.							<input type="checkbox"/>

**Part 2. Benefits**

If any household member receives **SNAP** (Food stamps) or **KTAP** (Public Assistance), provide:  
**Name** \_\_\_\_\_, **Social Security number:** \_\_\_\_\_ (No EBT card numbers),  
**Program:** \_\_\_\_\_ (SNAP/KTAP)  
 Skip to Part 4. If no one receives these benefits, skip to Part 3.

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE TAXES & DEDUCTIONS)**

RECORD EACH INCOME ONLY ONCE. *If you are self-employed, a migrant worker or a seasonal worker and need to report yearly income, you must contact the School Nutrition Director in your district.*

1. NAME (LIST <u>ALL</u> HOUSEHOLD MEMBERS WITH INCOME)  (Attach an extra sheet if needed)	2. LIST ALL <u>GROSS</u> INCOME FOR EACH PERSON AND CHECK <u>HOW OFTEN</u> IT WAS RECEIVED																			
	Earnings from work before taxes & deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	KTAP (Public Assistance, child support, alimony)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	X				\$150	X				\$0					\$0				
1.	\$					\$					\$					\$				
2.	\$					\$					\$					\$				
3.	\$					\$					\$					\$				
4.	\$					\$					\$					\$				
5.	\$					\$					\$					\$				

**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 attached Use of Information Statement).

*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. I understand my child's eligibility status may be shared as allowed by law.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ email: \_\_\_\_\_

Last four digits of Social Security Number: ### - ## - \_\_\_\_  I do not have a Social Security Number

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

**Choose one ethnicity:**

- Hispanic/Latino
- Not Hispanic/Latino

**Choose one or more race (regardless of ethnicity):**

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

**DO NOT FILL OUT THIS PART. THIS IS FOR CENTRAL FOOD SERVICE OFFICE USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks (Bi-weekly) x 26, Twice A Month (Semi-monthly) x 24, Monthly x 12  
**(Convert to yearly if more than one pay frequency is reported. Do not convert if all pay frequencies are the same)**  
**The Sponsor must assess special circumstances for Households which report annual income.**

Household size: \_\_\_\_ Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year

This is an error-prone application (monthly income within \$100 below, or annual income within \$1,200 below, the income eligibility limitation for free or reduced price meals).

DC (SNAP/KTAP/Medicaid/Foster)  Other Source (Homeless/Migrant/Runaway/Head Start/Foster)  Case Number (SNAP/KTAP)

Categorical Eligibility (except foster, homeless, migrant, runaway, Head Start) was extended to all other children in the household

Eligibility:  Free  Reduced  Denied

Reason for Denial: \_\_\_\_\_ Date denial notice sent: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Selected for Verification

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification results:  Status did not change  Changed to Paid  Changed to reduced  Changed to free

Date Dropped/Withdrawn: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the Federal Income Eligibility Limits on the chart below:

**REDUCED PRICE MEAL INCOME**

**ELIGIBILITY**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	2 X MONTH	EVERY 2 WEEKS	WEEKLY
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,471	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,125	\$ 2,910	\$ 1,455
EACH ADD'L MEMBER ADD	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

**FREE MEAL INCOME ELIGIBILITY GUIDELINES**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	2 X MONTH	EVERY 2 WEEKS	WEEKLY
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295
2	\$ 20,709	\$ 1,726	\$ 863	\$ 797	\$ 399
3	\$ 26,117	\$ 2,177	\$ 1,089	\$ 1,005	\$ 503
4	\$ 31,525	\$ 2,628	\$ 1,314	\$ 1,213	\$ 607
5	\$ 36,933	\$ 3,078	\$ 1,539	\$ 1,421	\$ 711
6	\$ 42,341	\$ 3,529	\$ 1,765	\$ 1,629	\$ 815
7	\$ 47,749	\$ 3,980	\$ 1,990	\$ 1,837	\$ 919
8	\$ 53,157	\$ 4,430	\$ 2,215	\$ 2,045	\$ 1,023
EACH ADD'L MEMBER ADD	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104

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 look into violations of program rules.

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