

THE NEOSHO R-5 SCHOOL DISTRICT REQUIRES ONLY
ONE
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
PER HOUSEHOLD!

PLEASE NOTE!!!--The Neosho R-5 School District is participating in the Direct Certification program.

Do **NOT** complete the attached Free and Reduced Price School Meals Family Application if you have recently been notified that your child(ren) will receive free meal benefits for the 2010-2011 school year.

All other parents of students in the district are encouraged to fill out the application.

If you **DO NOT** wish to apply for meal benefits, or feel your household does not qualify, please put your name at the top and mark a large "X" over the remaining request for information. This ensures that we have communicated with you concerning benefits.

* * * * *
If you **DO** wish to apply for meal benefits, please complete only **ONE** application. If you have more than one child in the district, return only ONE completed application with ONE child. For your other child(ren), you may put your name at the top and mark a large "X" over the remaining request for information.

Important:
Read INSTRUCTIONS FOR APPLYING
before completing the application!

AN INCOMPLETE APPLICATION
WILL NOT BE PROCESSED!

If you have questions or need help, call the Neosho R-5 Food Service Department at 451-8603.

**LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

Children need healthy meals to learn. The Neosho R-5 School District offers healthy meals every school day. The cost for Breakfast is \$1.00. Lunch costs are: Elementary Schools-\$1.65, Middle School-\$1.75, Junior/Senior High-\$1.95. Your children may qualify for free meal or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

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 the school.**

2. Who can get free meals? All children in households getting Food Stamps, Temporary Assistance, or the Food Distribution Program on Indian Reservations and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. 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 above Federal Income Chart.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced meals? Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2010-2011 school year.

6. I get 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.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

9. What if I disagree with the school's decision about my application? You should call the Food Service Department at 451-8603. You also may ask for a hearing by writing to Dr. Jim Cummins, Assistant Superintendent, 511 Neosho Blvd., Neosho, MO 64850. Or you may call him at 451-8600.

10. 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 a U.S. citizen to qualify for free or reduced price meals.

11. 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). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Exclude military combat pay received by service members during a deployment. All other allowances must be included in your gross income.

If you have other questions or need help, call the Neosho R-5 Food Service Department at 451-8603.

Sincerely,
Beverly Bowers
Director, Food Services

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.				
FEDERAL INCOME CHART				
For School Year 2010-2011				
Household size	Yearly	Monthly	Weekly	
1	20,036	1,670	386	
2	26,955	2,247	519	
3	33,874	2,823	652	
4	40,793	3,400	785	
5	47,712	3,976	918	
6	54,631	4,553	1,051	
7	61,550	5,130	1,184	
8	68,469	5,706	1,317	
Each additional person:	+6,919	+577	+134	

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

Part 1: List the child's name, school, and grade.

Part 2: Check the box and list the child's personal use monthly income. Write "0" if no personal use income.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

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

Part 1: List each child's name, school, and grade.

Part 2: Skip this part.

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

Column 1–Names: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.

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

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp or Temporary Assistance case # for each child (not a 16 digit EBT card #). Skip to Part 4 if you list a FS or a TA case #.
			0 0 _____
			0 0 _____
			0 0 _____
			0 0 _____
			0 0 _____
			0 0 _____

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Names List everyone in household Please attach an additional page if needed.	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		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<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 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 application **must** also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act 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.

SIGN HERE:X_____ Print name:_____ Date:_____ Address:_____ City:_____ Zip Code:_____ Phone Number:_____ Social Security #: _____ - _____ - _____ I do not have a Social Security #

Privacy Act 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance Program case number 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.

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

Mark one or more racial identities:
 Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native Other

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. THIS IS 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:_____ Per: Week Every 2 Weeks Twice A Month Month Year Household Size:_____ Food Stamps/Temporary Assistance

Eligibility: Free Reduced Denied - Reason:_____ Date Withdrawn:_____

Temporarily Approved Free Until:_____ (allow no more than 45 calendar days) Until:_____ Until:_____

Determining Official's Signature:_____ Date Approved/Denied:_____

Confirming Official's Signature (For verification purposes only):_____ Date:_____

Request for Information

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have health care insurance?

YES

NO

If No is checked the school district will provide a notice that the uninsured child may qualify for Missouri's health insurance program for children, MO HealthNet for Kids.

Completion of this form is not a condition of determining meal eligibility. Submission of your Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Please submit this request with your Free and Reduced Price School Meal Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

REQUEST FOR INFORMATION
MO HealthNet for KIDS



Dear Parent/Guardian:

There is now affordable health insurance for children, MO HealthNet for Kids, Missouri's Health Insurance Program. Now most families can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have lifelong effects. Check the box below to receive information about free and low-cost health insurance for children. You are not required to complete this form, it is strictly voluntary and should only be completed if you would like information sent to you regarding MO HealthNet for Kids.

If you currently receive MO HealthNet for Kids (formerly MC+ for Kids) it is not necessary to complete this form. Current participants should contact their county Family Support Division office if you have questions regarding your coverage.

Yes, I give permission for MO HealthNet officials to contact me. A MO HealthNet service representative will send me information/application for the health insurance program.

Please submit this request with your Free and Reduced Price School Meal Family Application or return it to your school.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Mailing Address: _____ City/State _____ ZIP _____

MO HealthNet for Kids - Missouri's Health Insurance Program 1-888-275-5908

Do Your Children Qualify?

FAMILY SIZE <small>(Includes parents)</small>	Maximum MONTHLY Family Income			
	2	3	4	5
INCOME <small>(Subject to change annually)</small>	\$3,643	\$4,578	\$5,513	\$6,448

Some families may be required to pay premiums. Income standards effective April 1, 2010

Do your children need health care coverage? MO HealthNet for Kids is Missouri's health insurance program for uninsured children. Your children may be eligible if they meet these requirements:

- Under age 19
- The family's income falls within eligibility guidelines.