NORTH AMERICAN MARTYRS SCHOOL
1101 Isaac Dr, Lincoln, NE 65821 (402) 476-7373

August, 2009

Dear Parent/Guardian:

Children need healthy meals to learn. **North American Martyrs School** offers healthy meals every school day. Lunch costs **$1.80 (K-6) and $2.00 (7-8).** Your children may qualify for free meals or for reduced-price meals. Reduced-price is **$.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 Monday, September 28, 2009, 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: Sr. Patricia Heirigs, (402) 476-7373
2. **Who can get free meals?**
   Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting TANF, 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 Sr. Patricia Heirigs 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 Federal Income Chart, shown on page 2 of the application.
5. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals?** Please read the letter you got carefully and follow the instructions. Call the school at (402) 476-7373 if you have questions.
6. **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.
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 receiving SNAP, TANF or other benefits. If you lose your job, your children 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 talk to school officials. You also may ask for a hearing by calling or writing to: **Fr. Brian Connor, 1101 Isaac Drive, Lincoln, NE 68521 (402) 476-8088.**
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 $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
13. **If I qualify for free or reduced-price meals will my children be eligible for *Kid's Connection: Nebraska Children's Health Insurance Program*?** For more information on this program that provides health care coverage for children up to age 19, please call toll free 1-877-632-5437.
14. **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. **All other allowances must be included in your gross income.**

If you have other questions or need help, call **(402) 476-7373.**

Sincerely,

Sister Patricia Heirigs

Sr. Patricia Heirigs
Principal

Instructions for Completing the Free and Reduced Priced School Meals Application

If your household receives benefits from the Supplemental Nutrition Assistance program (SNAP), formerly FOOD STAMP Program, or receives TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade and a Food Stamp or TANF case number. Check the appropriate box, if any.
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 or an institutionalized child, follow these instructions:

Part 1: **Use a separate application for each foster or institutionalized child.** List the child's name, school, and grade.
Part 2: Check the box and list the child's personal use monthly income or zero if none.
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–Name: 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). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column) and ALL OTHER INCOME SOURCES (fourth column). In the All Other 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 got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
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 Attachment C: 2009-10

Part 1: Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP (formerly Food Stamps) or TANF or FDPIR case number for each child. **(Not EBT number)**

If you listed a SNAP (formerly Food Stamp)/TANF/FDPIR case number for EACH child, skip to Part 4.
Complete Part 3 for any child without a case number.

Part 2: Foster Child/Institutionalized Child

❑ Check this box if this application is for a foster child or a child who is residing in an institution. List the amount of the child's personal use monthly income: $_____. If there is no income, record "0". Skip to Part 4.

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

1. Name List **everyone** in household and the income each earns or check the box at the right if they have no income	**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 (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 also list his/her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act 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: _____
Address: _____ Zip_____ Phone Number: _____
Social Security Number: __ __ __ - __ __ - __ __ __ __ ❑ I do not have a Social Security Number

Part 5. Children's racial and ethnic identities (optional)

Mark one ethnic identity: - - and - - **Mark 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 Alaska Native

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_____ Free ❑ Temporary Approval for Zero Income Until: _____
Total Income $ _____ per Reduced ❑ Results of Follow-up (45 days or less): _____
❑ Year ❑ Month ❑ 2 X Mo. ❑ Every 2 Wks ❑ Week
SNAP (formerly Food Stamps)/FDPIR/TANF ❑ Denied ❑ Reason for Denial: Follow-up Signature _____ Date: ___
Foster/Institutionalized Child ❑ 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 within the limits on this chart.

FEDERAL INCOME CHART For School Year 2009-10					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person:	6,919	577	289	267	134

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

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 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.

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.