HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your</u> <u>children attend more than one school in Lincoln County School District #2</u>. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Amanda Welch @ 307-885-7136 or awelch@lcsd2.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Lincoln County School District #2 regardless of age.

| A) List each child's name. Print each child's | B) Is the child a student at LCSD#2 | C) Do you have any foster children? If any children listed | D) Are any children homeless, migrant, or |
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| name. Use one line of the application for each | Mark 'Yes' or 'No' under the column | are foster children, mark the "Foster Child" box next to | runaway? If you believe any child listed in |
| child. When printing names, write one letter in | titled "Student" to tell us which | the child's name. If you are ONLY applying for foster | this section meets this description, mark the |
| each box. Stop if you run out of space. If there | children attend LCSD#2. If you | children, after finishing STEP 1, go to STEP 4. | "Homeless, Migrant, Runaway" box next to |
| are more children present than lines on the | marked 'Yes,' write the grade level of | Foster children who live with you may count as members | the child's name and <u>complete all steps of</u> |
| application, attach a second piece of paper with | the student in the 'Grade' column to | of your household and should be listed on your | the application. |
| all required information for the additional | the right. | application. If you are applying for both foster and non- | |
| children. | | foster children, go to step 3. | |
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

| A) If no one in your household participates in any of the above listed | B) If anyone in your household participates in any of the above listed programs: | | |
|--|--|--|--|
| programs: | Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in on | | |
| • Leave STEP 2 blank and go to STEP 3. | these programs and do not know your case number, contact: District DFS Office @ 307-886-9232 | | |
| | • Go to STEP 4. | | |
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

| Mark how often each type of income is re | ceived using the check boxes to the right of each field. | |
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| 3.A. REPORT INCOME EARNED BY CHILDREN | | |
| | ildren. Report the combined gross income for ALL children listed in STEP 1 in y | your household in the box marked "Child Income." Only count foster |
| children's income if you are applying for them | | |
| | received from outside your household that is paid DIRECTLY to your children. N | Iany households do not have any child income. |
| 3.B REPORT INCOME EARNED BY ADULTS | | |
| Who should I list here? | | |
| | e ALL adult members in your household who are living with you and share inco | ome and expenses, even if they are not related and even if they do not |
| receive income of their own. | | |
| Do NOT include: | | |
| | upported by your household's income AND do not contribute income to your h | ousehold. |
| Infants, Children and students already | | |
| B) List adult household members' names. | C) Report earnings from work. Report all income from work in the | D) Report income from public assistance/child support/alimony. |
| Print the name of each household member in he boxes marked "Names of Adult | "Earnings from Work" field on the application. This is usually the money | Report all income that applies in the "Public Assistance/Child |
| lousehold Members (First and Last)." Do not | received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. | Support/Alimony" field on the application. <u>Do not report the cash</u> value of any public assistance benefits NOT listed on the chart. If |
| ist any household members you listed in | owner, you will report your net income. | income is received from child support or alimony, only report court- |
| TEP 1 . If a child listed in STEP 1 has income, | | ordered payments. Informal but regular payments should be reported |
| follow the instructions in STEP 3, part A. | What if I am self-employed? Report income from that work as a net | as "other" income in the next part. |
| onow the instructions in STEP 3, part A. | amount. This is calculated by subtracting the total operating expenses of | as other meane in the next part. |
| | your business from its gross receipts or revenue. | |
| E) Report income from | F) Report total household size. Enter the total number of household | G) Provide the last four digits of your Social Security Number. An |
| pensions/retirement/all other income. | members in the field "Total Household Members (Children and Adults)." | adult household member must enter the last four digits of their Socia |
| Report all income that applies in the | This number MUST be equal to the number of household members listed | Security Number in the space provided. You are eligible to apply for |
| Pensions/Retirement/ All Other Income" | in STEP 1 and STEP 3 . If there are any members of your household that you | benefits even if you do not have a Social Security Number. If no adult |
| ield on the application. | have not listed on the application, go back and add them. It is very | household members have a Social Security Number, leave this space |
| | important to list all household members, as the size of your household | blank and mark the box to the right labeled "Check if no SSN." |
| | affects your eligibility for free and reduced price meals. | |
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| TEP 4: CONTACT INFORMATION AND ADULT | SIGNATURE | |

| A) Provide your contact information. Write your current address | B) Print and sign your name and write | C) Mail Completed Form | D) Share children's racial and ethnic identities (optional). |
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| in the fields provided if this information is available. If you have no | today's date. Print the name of the | to: | On the back of the application, we ask you to share |
| permanent address, this does not make your children ineligible for | adult signing the application and that | LCSD #2 | information about your children's race and ethnicity. This |
| free or reduced price school meals. Sharing a phone number, email | person signs in the box "Signature of | Attn: Amanda Welch | field is optional and does not affect your children's eligibility |
| address, or both is optional, but helps us reach you quickly if we | adult." | 222 East 4 th Ave | for free or reduced price school meals. |
| need to contact you. | | Afton, WY 83110 | |
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