



July 21, 2011

Dear Parent/Guardian:

Sioux Falls Catholic Schools offers healthy meals every day that it is open as part of our participation in the U.S. Department of Agriculture's (USDA) Child Nutrition Programs. USDA provides reimbursement for healthy meals and snacks served to children. Breakfast costs \$1.50; lunch costs - \$2.40/elementary, \$2.60/OGJH, \$2.80/OGHS. Children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast, \$0.40 for lunch. Breakfast is served at St Lambert's, St Michael's, O'Gorman Junior High and O'Gorman High School.

Turn in letters or applications to: SFCS Central Office, Attn: Carrie Keuser, 3100 W. 41st. Street, Sioux Falls, SD 57105 (575-3356)

1. Who can get free meals without providing income information?

- Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. . If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. You can write the names of other children from your household on that letter and they will get free meals, too. If you did not receive an FDPIR Notification, you can ask for one from the certifier.
- Foster children (See #8 below.) and children enrolled in Head Start are also eligible for free meals.
- Homeless, runaway and migrant children usually are eligible for free meals. Please call the school's homeless liaison or migrant coordinator to see if your child (ren) qualifies, if you have not been told already that they will get free meals.

2. Who needs to fill out an application to get free or reduced price meals?

- If you do not have your notice from Social Services or FDPIR, fill out an application and write your case number on it. Turn that into the school/center.
- If your household income is within the limits on the Income Guidelines Chart with this application, fill out an application.
- Children in households who get WIC or Medicaid may be eligible for free or reduced price meals. Please fill out an application and list your income and family members.

3. Do I need to fill out an application for each of my children? Complete and submit one application for all children from your household. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

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 Income Guidelines Chart, shown on this application.

5. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits.

6. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

7. What should I report as income? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the benefits will expire. List the amount that is usually listed on your paystubs and how often you get the paycheck. 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 only get it sometimes.

8. What if I have foster children? 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. Households may include foster children on the application, but are not required to include payments received for care of the foster child as income. Households wishing to apply for such benefits for foster children should contact: **SFCS Central Office, Attn: Carrie Keuser, 3100 W. 41st. Street, Sioux Falls, SD 57105 (575-3356)**

9. We are in the military.

- **Do we include our housing, food, or clothing allowances and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
- **My spouse is deployed to a combat zone. Is the combat pay counted as income?** No, if the combat pay is received in addition to the basic pay because of deployment and it wasn't received before deployment, combat pay is not counted as income. Contact your school for more information.

10. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

11. Will the information I give be checked? Maybe. We may ask you to send written proof to verify the information you submitted on the form.

12. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling: 605-575-3356. You may also ask for a hearing by calling or writing to: Dr. Tom Lorang, Superintendent, Sioux Falls Catholic Schools, 3100 W. 41st Street, Sioux Falls, SD 57105.

13. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting SNAP (formerly Food Stamps), FDPIR, or TANF. If you are temporarily laid off or temporarily disabled so you can't work, children may be able to get free or reduced price meals during that time.

14. What if my child needs special foods? The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special diet.

15. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, contact the local assistance office.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call: 605-575-3356.

Si necesita ayuda, por favor llame al teléfono: 605-575-3356.

Si vous voudriez d'aide, contactez nous au numero: 605-575-3356.

Sincerely,

Carrie Keuser
Food Service Director
Sioux Falls Catholic Schools
3100 W. 41st Street
Sioux Falls, SD 57105
605-575-3356

INCOME GUIDELINES

(Effective July 1, 2011 – June 30, 2012)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
Household Size					
1	20,147	1,679	775	840	388
2	27,214	2,268	1,047	1,134	524
3	34,281	2,857	1,319	1,429	660
4	41,348	3,446	1,591	1,723	796
5	48,415	4,035	1,863	2,018	932
6	55,482	4,624	2,134	2,312	1,067
7	62,549	5,213	2,406	2,607	1,203
8	69,616	5,802	2,678	2,901	1,339
For each extra member, add	7,067	589	272	295	136

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is the income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In most cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME - If a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every 2 weeks by 26, income received twice a month by 24, and income received monthly by 12. Do not round the values resulting from each conversion.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the earnings column as monthly, or list the whole amount as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Any other income

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

- New Applicant
 Previous Applicant

(See next page for complete instructions.)

To apply for free or reduced price meals, fill out this application and sign your name.

Part 1. Children's Names							
Child's Name	School or Center	Foster	Age	Child's Name	School or Center	Foster	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 2. Households receiving SNAP, TANF, or FDPIR: If any member of your household is NOW receiving SNAP, TANF, and FDPIR, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult.

SNAP Case Number: _____ TANF Case Number: _____ FDPIR Case Number: _____

Part3. Is this child a migrant, homeless, or runaway?

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # _____ Homeless Migrant Runaway

Part 4. Total Household Income from Last Month – You must tell us how much and how often

A. Name (List everyone in household)	B. Income – list how much you get each pay day and how often you get paid Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly				C. Check if No income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list only the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school/center will get Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Last 4 digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American
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FOR SCHOOL/CENTER USE ONLY

SNAP / FDPIR / TANF or other eligible program household categorically eligible free: Yes No

Total monthly income: _____ Eligibility Classification: Free Reduced Price Paid

Household Size: _____ Not Eligible: Over income Incomplete information

Temporary Free Eligible Until _____ :

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets SNAP, FDPIR, OR TANF but you don't have a letter from Social Services or Notice of Action from FDPIR, follow these instructions:

Part 1: List each child's name, school/center, age, and/or grade, and mark "Y" if any of the children are foster children.

Part 2: List the SNAP, FDPIR, and/or TANF case number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

If you are applying for a child who is homeless, migrant, or a runaway check the appropriate box in Part 3 and call your school's homeless contact, or migrant coordinator.

ALL OTHER HOUSEHOLDS follow these instructions:

Part 1: List each child's name, school/center, age, and mark "Y" if any of the children are foster children.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column A—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. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—List income and how often it was received: List the types of income your household gets, how much you get each payday, and how often you get paid. **Income for last month – list how much you get each payday and how often you get paid.**

Example: \$200/monthly or \$92.30/twice a month or \$100/every other week \$46.15/weekly

- **Employment income:** List the **gross income** each person earned. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly).
- **Welfare, Child Support, Alimony** - Include welfare, child support, alimony you receive.
- **Pensions Retirement, Social Security:** Include these as well as Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits,
- **Farm/Other Income:** Include regular contributions from people who do not live in your household and **all other sources** not previously covered. For farm income, see the worksheet on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person, including children, does not have any income, check the box.

Part 5: An adult household member must sign the form and list only the last four digits of his or her Social Security Number, or mark the box if he or she does not have a Social Security Number.

Part 6: Participant's ethnic and racial identities. This section is optional. If you leave it blank, the application will be processed without the information. Filling this out or leaving it blank does not affect the child's eligibility. If you leave this blank, a visual identification of each child's race and ethnicity will be made and recorded in the data system.

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 Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410*, or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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.

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 the participant 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 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 for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.