

# GAYVILLE-VOLIN SCHOOL DISTRICT 63-1

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. The Gayville-Volin School District offers healthy meals every school day. Lunch costs **\$2.40 for students in grades K – 5 and \$2.50 for students in grades 6 - 12; your children may qualify for free meals or for reduced price meals.** Reduced price is **\$1.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations (FDPIR), or TANF are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-2020 |        |         |        |
|--|--------|---------|--------|
| Household size   | Yearly | Monthly | Weekly |
| 1  | 23,107 | 1,926   | 445    |
| 2  | 31,284 | 2,607   | 602    |
| 3  | 39,461 | 3,289   | 759    |
| 4  | 47,638 | 3,970   | 917    |
| 5  | 55,815 | 4,652   | 1,074  |
| 6  | 63,992 | 5,333   | 1,231  |
| 7  | 72,169 | 6,015   | 1,388  |
| 8  | 80,346 | 6,696   | 1,546  |
| Each additional person:                                    | 8,177  | 682     | 158    |

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail **Patrick Beeman at (605) 267-4476 ext. 108, patrick.beeman@k12.sd.us.**
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *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: **Alice Hight, Business Manager, Gayville-Volin School, PO Box 158, Gayville, SD 57031.** Phone (605) 267-4476 ext. 102
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Alice Hight, Business Manager, Gayville-Volin School District, PO Box 158, Gayville, SD 57031 (605) 267-4476 ext. 102. e-mail alice.hight@k12.sd.us** right away so those children get benefits, too.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **YES.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid **may** be eligible for free or reduced price meals. WIC or Medicaid is **not** an automatic qualification. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials by calling **Alice Hight, phone (605) 267-4476 ext. 102, or e-mail to [alice.hight@k12.sd.us](mailto:alice.hight@k12.sd.us)**. You also may ask for a hearing by calling or writing to: **John Freeburg, School Board President, c/o Gayville-Volin School District, PO Box 158, Gayville, SD 57031 phone (605) 267-4476, e-mail [freeburg\\_j@hotmail.com](mailto:freeburg_j@hotmail.com)**.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF MY INCOME CHANGES DURING THE YEAR OR MY SNAP, TANF, OR FDPIR BENEFITS CHANGE? If your application for free or reduced price benefits was properly approved, you will remain eligible for those benefits for a certain period of time. You may visit with a school/center official to get the exact date the meal benefits will expire.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are also excluded from income.  
  
IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school for more information.
15. 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.

16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Contact your local Department of Social Services office to find out how to apply for SNAP or other assistance benefits.
18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular school meal for children whose disability restricts their diet when a physician certifies that disability. If the parent requests changes, the staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink regular milk due to medical or other special dietary needs that are supported by a certified medical authority. These requests will be handled on a case-by-case basis. Please call the school/center food service department for further information to request the special meals or milk.

If you have other questions or need help, call *(605) 267-4476 ext. 102*.

Sincerely,

**Alice Hight**  
**Business Manager**

# 2019-2020 Application for Free and Reduced Price School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

New Applicant  Previous Applicant

**STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12** (If more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member.** "Anyone who is living with you & shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Write name of child's school, or "not in school" \_\_\_\_\_

If a student, write in the grade \_\_\_\_\_

Homeless, Migrant, Runaway

Foster Child

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

**STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? (NOT Medicaid)**

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDIPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number \_\_\_\_\_

Write only one case number in this space.

**STEP 3: Report Income for ALL Household Members** (Skip this step if you answered "Yes" to STEP 2)

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

|              |            |                          |                          |                          |                          |
|--------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Child income | How often? | Weekly                   | Bi-Weekly                | 2x/Month                 | Monthly                  |
| \$ _____     |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work       |                          |                          | Public Assistance/ Child Support/Alimony |          |                          | Retirement/Pensions/ Annuity |                          |          | Foster Care/Part-time/Other Income |                          |                          | How often?               |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--|----------|--------------------------|------------------------------|--------------------------|----------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Weekly                   | Bi-Weekly                | 2x/Month                 | Monthly                                  | Weekly   | Bi-Weekly                | 2x/Month                     | Monthly                  | Weekly   | Bi-Weekly                          | 2x/Month                 | Monthly                  | Annually                 | Weekly                   | Bi-Weekly                | 2x/Month                 | Monthly                  | Annually                 |
| \$ _____   | <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"/> | <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"/> | <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"/> | <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"/>                 | \$ _____ | <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"/> | <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"/>     | <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"/> | <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"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Household Members (Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member \_\_\_\_\_

Check if no SSN

**STEP 4: Contact information and adult signature**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_

Signature of adult completing the form \_\_\_\_\_

Today's date \_\_\_\_\_



# **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, even if your children attend more than one school in Gayville-Volin School District. 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 **Alice Hight, Business Manager, Gayville-Volin School District, PO Box 158, Gayville, SD 57031 phone (605) 267-4476 ext. 102, e-mail [alice.hight@k12.sd.us](mailto:alice.hight@k12.sd.us)**.

**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 **Gayville-Volin School District**, *regardless of age*.

**A) List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) How old is the child? Is the child a student? What school/center does the child attend?** Fill in the information for the center or school to use.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, and Runaway" box next to the child's name and **complete all steps of the application.**

## **STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household participates in 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 PROGRAMS:**

- Leave STEP 2 blank and go to STEP 3.

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your local assistance office. **You must provide a case number on your application.**
- Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**A) Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.**

**REPORT INCOME EARNED BY CHILDREN**

- **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.
- **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

**REPORT INCOME EARNED BY ADULTS****Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

|  |   |   |
|--|---|---|
| <p><b>a) List adult household members' names.</b> Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in <b>STEP 1</b> has income, follow the instructions in <b>STEP 3, part A.</b></p> | <p><b>b) Report earnings from work.</b> Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>  | <p><b>c) Report income from public assistance/child support/alimony.</b> Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p> |
| <p><b>d) Report income from pensions/retirement/all other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>  | <p><b>e) Report total household size.</b> Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number <b>MUST</b> be equal to the number of household members listed in <b>STEP 1</b> and <b>STEP 3.</b> If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p> | <p><b>f) Provide the last four digits of your Social Security Number.</b> An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>                                |

**B) 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.

**C) 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.**

**D) Mark how often each type of income is received using the check boxes to the right of each field.**

**What if I am self-employed?**

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

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. Write it on the application in the earnings column 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.