LETTER TO PARENTS
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Liberty Public School 53 offers healthy meals every school day. Breakfast costs $1.60 (elementary), $1.65 (secondary); lunch costs $2.45 (elementary), $2.70 (secondary regular meal), $3.45 (secondary premium meal), indicated with + on the menu), or $4.20 (secondary premium plus meal, indicated with ++ on the menu). Your children may qualify for free meals or for reduced price meals. Reduced price is .30¢ for breakfast and .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 the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF), are eligible for free meals.
   - Foster children who 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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annually</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22,459</td>
<td>$1,872</td>
<td>$432</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
<td>2,538</td>
<td>586</td>
</tr>
<tr>
<td>3</td>
<td>38,443</td>
<td>3,204</td>
<td>740</td>
</tr>
<tr>
<td>4</td>
<td>46,435</td>
<td>3,870</td>
<td>893</td>
</tr>
<tr>
<td>5</td>
<td>54,427</td>
<td>4,536</td>
<td>1,047</td>
</tr>
<tr>
<td>6</td>
<td>62,419</td>
<td>5,202</td>
<td>1,201</td>
</tr>
<tr>
<td>7</td>
<td>70,411</td>
<td>5,868</td>
<td>1,355</td>
</tr>
<tr>
<td>8</td>
<td>78,403</td>
<td>6,534</td>
<td>1,508</td>
</tr>
<tr>
<td>For each add'l person add</td>
<td>+ 7,992</td>
<td>+ 666</td>
<td>+ 154</td>
</tr>
</tbody>
</table>

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 email [school, homeless liaison or migrant coordinator].

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: Susan St. Ama, 801 Kent St., Liberty, MO 64068, email: susan.stama@lps53.org, or fax to 816-736-5376.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS (2018-2019) 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 Susan St. Ama, 801 Kent St., Liberty, MO 64068, 816-736-5375, susan.stama@lps53.org immediately.

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. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. 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. You also may ask for a hearing by calling or writing to: VON GULLIFORD, 801 Kent St., Liberty, MO 64068, von.gulliford@lps53.org 816-736-5375.

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 SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on your 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.

13. 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, or receive Family Subsistence Supplemental Allowance payments, 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. Any additional combat pay resulting from deployment is also excluded from income.

14. 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.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

16. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit schoolcafe.com to begin or to learn more about the online application process. Contact Susan St. Ama, 816-736-5375, susan.stama@lps53.org if you have any questions about the online application.

If you have other questions or need help, call 816-736-5375.

Sincerely,

Susan St. Ama

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
    Office of the Assistant Secretary for Civil Rights
    1400 Independence Avenue, SW
    Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.
**Step 2: Do Any Household Members Currently Participate in SNAP, TANF, or Food Stamps?**

- **Yes:** If any of your household members currently participate in SNAP, TANF, or Food Stamps, please list them and their relationship to you.

- **No:** If none of your household members currently participate in SNAP, TANF, or Food Stamps, please proceed to Step 3.

**Step 3: Report Income for All Household Members**

1. **If you know your case number:**
   - Write the case number for SNAP, TANF, or Food Stamps if you only need to provide one case number. If you are unsure, contact your local office.

2. **If you do not know your case number:**
   - Write in the section "Case number not known." This information is needed to determine if you are eligible for free or reduced-price meals.

3. **If you are applying for both Foster Care and Pre-K/pre-K:**
   - Write "Foster Care and Pre-K." This information is needed to determine if you are eligible for free or reduced-price meals.

**Additional Information**

- If you have any children living in a foster care home, please list them on the application.
- If you have any children living in a group home, please list them on the application.
- If you have any children living with other family members, please list them on the application.
- If you have any children living with non-family members, please list them on the application.

**How to Apply for Free and Reduced-Price School Meals**

1. Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

2. Please contact Susan St. Afama, 865-735-3775, Susan.Statement@BPS.org, to make an appointment for the application process if you need assistance.

3. Please follow the instructions in order to fill out the application. If you are unsure of any steps, please call Susan St. Afama at 865-735-3775.
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 received using the check boxes to the right of each field.

3. A. REPORT INCOME EARNED BY CHILDREN
A) 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.

3. B 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.

List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report earnings from work. Report all total gross 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.

What if I am 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.

Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. 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.

Report income from public assistance/child support/Alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

Provide the last four digits of your Social Security Number. 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.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE
All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

Mail Completed Form to: Susan St Ama, 801 Kent St, Liberty, MO 64068 or return it to your child’s school.

Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.
## INSTRUCTIONS  Sources of Income

<table>
<thead>
<tr>
<th>Sources of Income for Children</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from Work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td></td>
</tr>
<tr>
<td>Income from person outside the household</td>
<td>A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

## Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance/Alimony/Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary, wages, cash bonuses</td>
<td>Unemployment benefits</td>
<td></td>
</tr>
<tr>
<td>Net income from self-employment (farm or business)</td>
<td>Worker’s compensation</td>
<td></td>
</tr>
<tr>
<td>- Supplemental Security Income (SSI)</td>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>Cash assistance from State or local government</td>
<td></td>
</tr>
<tr>
<td>- Alimony payments</td>
<td>Alimony payments</td>
<td></td>
</tr>
<tr>
<td>- Child support payments</td>
<td>Child support payments</td>
<td></td>
</tr>
<tr>
<td>- Veteran’s benefits</td>
<td>Veteran’s benefits</td>
<td></td>
</tr>
<tr>
<td>- Strike benefits</td>
<td>Strike benefits</td>
<td></td>
</tr>
</tbody>
</table>

## OPTIONAL  Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one):  □ Hispanic or Latino  □ Not Hispanic or Latino
Race (check one or more):  □ American Indian or Alaskan Native  □ Asian  □ Black or African American  □ Native Hawaiian or Other Pacific Islander  □ White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.
Dear Parent/Guardian:

With your permission, the information you submitted on your Free and Reduced Price School Meal Family Application may be shared with other programs for which your children may qualify. Check the Yes box and all programs you want your information shared with. We must have your permission to share your information. Completing this form will not change whether your child(ren) get free or reduced price meals.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Family Application for the following Liberty Public School District programs:
   - Pay to Play Waiver
   - Back Pack After School Snack Program
   - PSAT/ACT/AP Exam Fee Waiver/Reduction
   - ACT Prep courses
   - NCAA Fee Waivers
   - Class Fees
   - Student Planners
   - Student ID’s
   - Lions Club for Vision Services
   - VSP (Vision Service Plan)
   - Miles of Smiles
   - Laptop Insurance Waiver (reduced fee)

If you checked yes to any or all of the boxes above, please complete the following. Your information will be shared upon request, only with the programs you checked.

Child’s Name: ______________________________________________________________________ School: ____________________________

Child’s Name: ______________________________________________________________________ School: ____________________________

Child’s Name: ______________________________________________________________________ School: ____________________________

Child’s Name: ______________________________________________________________________ School: ____________________________

Child’s Name: ______________________________________________________________________ School: ____________________________

Signature of Parent/Guardian: ____________________________________________ Date: __________

Printed Name: ______________________________________________________________________

Address: __________________________________________________________________________

☐ No! I DO NOT want information from my Free and Reduced School Meals Family Application shared with any of these programs.

For more information, you may call Nutrition Services at 816-736-5375.
REQUEST FOR INFORMATION

(Complete one form per family)

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 healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

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

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian:

Mailing Address:

City: ___________________________ State: ___________ Zip Code: ___________

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/Section 504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480, telephone number 573-526-4757 or TTY 800-735-2966, email civilrights@dese.mo.gov.