2022-2023 APPLICATION PACKET FOR FREE AND REDUCED PRICE SCHOOL MEALS

contact Jennifer Caldwell by phone at: 785-876-2357 or by email at: jdlafood@keystonelearning.org. 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 children attend more than one school in John Dewey Learning Academy. The application must be filled out completely to certify your children for free or reduced price school 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 How to Apply for Free and Reduced Price School Meals. For translated materials, go to www.kn-eat.org, School Nutrition Programs, Administration, Foreign Language Translation.

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

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

- 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 John Dewey Learning Academy, regardless of age.

the additional children. paper with all required information for application, attach a second piece of more children present than lines on the application for each child. If there are child's name. Use one line of the A) List each child's name. Print each

in the 'School' and 'Grade' columns to the school and the grade level of the student marked 'Yes,' write the name of the us which children attend JDLA. If you under the column titled "Student" to tell B) Is the child a student at John Dewey Learning Academy? Mark 'Yes' or 'No'

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

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

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FOOD ASSISTANCE, TAF, 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:

Food Assistance (FA).

A) If no one in your household participates in any

of the above listed programs:

Leave STEP 2 blank and go to STEP 3

- Temporary Assistance for Families (TAF).
- B) If anyone in your household participates in any of the above listed programs: The Food Distribution Program on Indian Reservations (FDPIR)
- Write a case number for FA, TAF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact Kansas Department for Children and Families
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- 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 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
- 0 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.
- 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 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
- 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

Only count foster children's income if you are applying for them together with the rest of your household 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."

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.
- 3, part A. STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP Members (First and Last)." Do not list marked "Names of Adult Household names. Print the name of each B) List adult household members' any household members you listed in household member in the boxes
 - C) Report earnings from work. Report all income from work in the detailed instructions on the back of the application. business or farm owner, you will report your net income. See money received from working at jobs. If you are a self-employed "Earnings from Work" field on the application. This is usually the
- amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue What if I am self-employed? Report income from that work as a net
- the size of your household affects your eligibility for free and and add them. It is very important to list all household members, as Adults)." This number MUST be equal to the number of household members in the field "Total Household Members (Children and F) Report total household size. Enter the total number of household your household that you have not listed on the application, go back members listed in STEP 1 and STEP 3. If there are any members of reduced price meals.

Report all income that applies in the pensions/retirement/all other income.

Income" field on the application. "Pensions/Retirement/ All Other E) Report income from

- regular payments should be reported as "other" income in the support/alimony. Report all income that applies in the "Public D) Report income from public assistance/child next part alimony, only report court-ordered payments. Informal but Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT isted on the chart. If income is received from child support or
- Security Number. If no adult household members have a Social G) Provide the last four digits of your Social Security Number right labeled "Check if no SSN." Security Number, leave this space blank and mark the box to the eligible to apply for benefits even if you do not have a Social their Social Security Number in the space provided. You are An adult household member must enter the last four digits of

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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. 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

- school meals. Sharing a phone number, email address, or make your children ineligible for free or reduced price available. If you have no permanent address, this does not address in the fields provided if this information is A) Provide your contact information. Write your current both is optional, but helps us reach you quickly if we need
 - B) Print and sign your name and of the adult signing the application write today's date. Print the name "Signature of adult." and that person signs in the box C) Mail Completed
 - Attn: Jennifer Caldwell Form to: JDLA 500 E. Sunflower Blvd. Ozawkie, KS 66070
- ethnicity. This field is optional and does not affect to share information about your children's race and D) Share children's racial and ethnic identities school meals. your children's eligibility for free or reduced price (optional). On the back of the application, we ask you

2022-2023 Household Application for Free and Reduced Price School Meals Complete one application per household (use a pen not a pencil).

Report in committor ALL Isoua did Members. (Skiphill's Lep If Journal And Yes 165 HP2) A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all some of "Scarces" of Possehold Members (Isouand STEP 1 (Including yourself) List all household Members and in STEP 1 (Including yourself) List all household Members (First and List) S. All Adult Household Members (First and List) S. All Adult Household Members (First and List) S. All Adult Household Members (First and List) S. S	Check if no SSN X X X Check if no SSN Check if no SSN Seral funds, and that school officials may verify (check) the information of the characteristic o	information is given in connection with the receipt of Ferws."	City	Apt#	Street Address (if available)
STEP 3 Report hooms of or ALL Household Members is Skiphths top Proteins and receive income. Please include the TOTAL income for moze of the Step of t	X X X Chec X Ozawkie, KS 68070 Beral funds, and that school officials may verify (check)	information is given in connection with the receipt of Fe two."	And the second control of the second control		
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Sorthace P P P P P P P P P P P P P P P P P P P			re Half complexed form to: income is reported. I understand that this	(for naktion and adult signatur on on this application is true and that all i	STEP 4 Compare in
p s sw		ther Adult Household Member	Primary Wage Earne		
p e e e e e e e e e e e e e e e e e e e			4		how to report Income from Self Employment.
p e e es w	0000	0000	4		section.
e e es v	0 0 0	0 0 0	*		for Adults" chart will help you with the All Adult Household Members
e es w	0000	0 0 0 \$	45		The "Sources of Income
	0000	0000	\$		for Children" chart will help you with the Child
	ony Weekly	Bi-Weekly 2x Month Monthly		Name of Adult Household Members (F	The "Sources of Income
If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.	ousehold Member listed, if they do receive incon '0' or leave any fields blank, you are certifying (even if they do not receive income. For each He income from any source, write '0'. If you enter	embers (including yourself) listed in STEP 1 (including yourself) (no cents) only. If they do not receive	B. All Adult Household Me List all Household Members not for each source in whole dollars	Flip the page and review the charts titled "Sources of Income" for more
If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)	Child income		ehold earn or receive income. Pleas TEP 1 here.	A. Child Income Sometimes children in the house Household Members listed in ST	Are you unsure what
> Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)	How often?	red has to SIRPLA	bers (Supthissiepilyouanswe	come for ALL Household Memi	•
	,	4 (Do not	YES > Write a	v	
					Meals for more information.
					eligible for free meals. Read How to Apply for Free and Reduced Price School
					Children in Foster care and children who meet the definition of Homeless,
					living with you and shares income and expenses, even if not related."
	Grade	ast Name School	MI Child's Last Name	Child's First Name	Definition of Household

Sour	Sources of Income for Children
Sources of Child Income	Example(s)
 Earnings from work 	 A child has a regular full or part-time job where they earn a salary or wages
 Social Security 	 A child is blind or disabled and receives Social Security benefits
 Disability Payments Survivor's Benefits 	 A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
 Income from person outside the household 	 A friend or extended family member regularly gives a child spending money
 Income from any other source 	come

	Sources of Income for Adults	ults
 Salary, wages, cash 	 Unemployment benefits 	Social Security
bonuses	 Worker's compensation 	retirement and black lung benefits)
 Net income from self- 	Supplemental	 Private pensions or disability benefits
employment (farm or	Security Income (SSI)	 Regular income from trusts or estates
business	 Cash assistance from 	Annuities
If you are in the U.S. Military:	State or local government	Investment income
 Basic pay and cash bonuses (do 	 Alimony payments 	Earned interest
NOT include combat pay, FSSA or privatized housing allowances)	Child support payments	Rental income
 Allowances for off-base 	Strike benefits	Regular cash payments from outside household

income generated or lost from your business venture. For example, if you operated a business at a net loss income. Additional income from other kinds of employment must be treated as separate and apart from the the generation of that income. Deductions for personal expenses such as interest on home payments a more accurate measure. Report income derived from the business venture less operating costs incurred in medical expenses, and other similar non-business deductions are not allowed in reducing gross business calendar year as a base to project the current year's net income, unless the current monthly income provides Income from Self Employment: Self-employed persons may use income tax records for the preceding

For purposes of this application, it is not possible to report a negative income from any business venture.

The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040,

deducted from a positive income earned in other employment.

reduced price or free meals would be the income from the salary only. The loss from the business cannot be but held additional employment for which a salary was received, the income for purposes of applying for

Gross Annual Income + 12 = Computed Monthly Income. Report in step 3	Computed Monthly Income \$
Gross Annual Income Before Any Deductions.	TOTAL \$
Farm Income or (Loss)	Schedule 1, Line 6 \$
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	Schedule 1, Line 5 \$
Other Gains or (Losses)	Schedule 1, Line 4 \$
Capital Gain or (Loss)	1040, Line 7 \$
Business Income or (Loss)	Schedule 1, Line 3 \$
Schedule 1.—Add together the amounts reported on the following lines:	Schedule 1. Add together the amou
private business operation may be taken from your most recent of an income has treatment of the forest	private pusiness operation may be t

0.1044

affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one will be selected for you based on visual observation. 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

Race (check one or more): Ethnicity (check one): American Indian or Alaskan Native Hispanic or Latino Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not Asian ☐ Black or African American □ Native Hawaiian or Other Pacific Islander

information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for 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 Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) Program or their programs, auditors for program reviews, and law enforcement officials to help them look into violations of for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility household member who signs the application. The social security number is not required when you apply on You must include the last four digits of the social security number of the primary wage earner or other adult have to give the information, but if you do not, we cannot approve your child for free or reduced price meals.

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

> Service at (800) 877-8339. Additionally, program information may be 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 Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print made available in languages other than English

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

- \exists Mail: U.S. Department of Agriculture
- Office of the Assistant Secretary for Civil Rights Washington, D.C. 20250-9410 1400 Independence Avenue, SW
- Fax: (202) 690-7442; or

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Email: program.intake@usda.gov

This institution is an equal opportunity provider

☐ Total Income: \$ How Ofte	How Often (Circle One): W BW 2M M Multiple=Yearly DPIR, Foster)	Household Size:	Eligibility:
Determining Official's Signature:	,	Approval/Denial Date:	Notification Date:
Processor's Initials:	Confirming Official's Signature (ONLY for applications to be verified):	be verified):	Review Date: