

FREE/REDUCED LUNCH INFORMATION

Beginning with the 2013-2014 school year, Trinity Lutheran School **does not** participate in the Federal School Lunch Program. We have provisions in our budget to provide free and reduced price lunches for families who, because of hardship or low-income, would qualify under the federal program. Families are invited to apply at the school office. All applications and free meals granted will be kept confidential according to an agreement with the School Lunch Section of the State Department of Education.

To apply for free or reduced meals, please complete the 2014-2015 Free and Reduced Price School Meals Family Application and return to the **OFFICE by Thursday, August 14, 2014**. All students will be charged the \$2.60 per meal, unless the form is received in the office and approved. The enclosed household size / income chart will be used to grant approval. You may be asked to send in additional information.

Families who are approved for Free Meals or Reduced Meals are responsible for extra milk fee of \$.35 per carton or extra entrees, \$.50 each if the student orders. Please make sure there are funds in your lunch account to pay for any extras as this is a **NO CHARGE SYSTEM**.

Families who are approved for Free Meals will also be responsible for \$.35 per carton of milk if they choose to bring their lunch. **Please remember to send money for their lunch account as this is a NO CHARGE SYSTEM.**

If you have any questions, please do not hesitate to contact the office. (573) 334-1068

PART 1. FOOD STAMP/TEMPORARY ASSISTANCE BENEFITS

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below. Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, fill out Part 2 completely.

Name: _____ Case Number: 0 0 _____

PART 2. HOUSEHOLD INFORMATION

1. Name - list everyone in household If Part 1 is complete list only students	2. Name of school building Name of school building for each child/student or indicate N/A if not in school	3. Grade	4. Check if a foster child legal responsibility of welfare agency or court	5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)								6. Check if no Income
				Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, social security, SSI, and VA benefits		All other income		
				Income	How often	Income	How often	Income	How often	Income	How often	
			<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"/>

PART 3. HOMELESS, MIGRANT, OR RUNAWAY STUDENT

If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

PART 4. SIGNATURE (ADULT MUST SIGN)

An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his or her last four digits of their social security number or mark the "I do not have a social security number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip code: _____
 Phone number: _____ Last 4 digits of social security number: *** - ** - ____ I do not have a social security number

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.

PART 5. STUDENT'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark 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"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native
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Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(PDF\)](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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.

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____ Date withdrawn: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____