

Richards R-V School District

2022/2023 Enrollment Forms

Richards R-V School District

3461 County Road 1710 Telephone (417) 256-5239 West Plains, Mo 65775 Fax (417) 256-3314

August 22, 2022 Dear Parents/Guardians:

This memo is intended to encourage you to fill out and return the Free and Reduced Price Meal Application you will find in your child's packet. Many of the state and federal level funding sources we are dependent upon for our sources of revenue are based partially or entirely upon our Free/Reduced Meal level. In other words, the higher our level of Free/Reduced students, the more dollars we get to spend here at Richards!

Sometimes parents/guardians are hesitant to fill this form out and return it. Rest assured that no child ever suffers any negative effects from qualifying for this status.

INFORMATION ON FREE AND REDUCED PRICED MEALS

The computer software in the cafeteria keeps track of each student by a number. When a student gives his or her number at the checkout stand, their number is punched into the computer. The child's number is recorded only in the computer as to whether the student is on the full price, reduced price, or free meals depending on their meal status. This is a very discrete process and no student, teacher or cafeteria worker can distinguish which students qualify for free, reduced or full priced meals. If you are interested in seeing if you would qualify for this program be sure to fill out a Free/Reduced meal application at the beginning of each school year because this status cannot be made retroactive nor carried over from one school year until the next.

Thanks again for your help! If I or any of the staff members can be of assistance to you, do not hesitate to contact us!

Dr. Melonie Bunn, Ed. D.

Superintendent

Richards R-V School District

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.

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

Dear Parent/Guardian:

Children need healthy meals to learn. Richards R-V School District offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.00. 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 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.

Household Size	<u>Annually</u>	<u>Monthly</u>	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each add'l person add	+ 8,732	+ 728	+ 168

- 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 Richards R-V School District, 3461 Country Road 1710, West Plains, MO 65775, (417) 256-5239.
- 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: Richards R-V School District, 3461 Country Road 1710, West Plains, MO 65775, (417) 256-5239.
- 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 Richards R-V School District, 3461 Country Road 1710, West Plains, MO 65775, (417) 256-5239 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 <u>may</u> 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: Richards R-V School District, 3461 Country Road 1710, West Plains, MO 65775, (417) 256-5239.
- 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 <u>normally</u> 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 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 <u>also</u> 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. Contact Richards R-V School District, 3461 Country Road 1710, West Plains, MO 65775, (417) 256-5239 to receive a second 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.

If you have other questions or need help, call (417) 256-5239

Sincerely,

or. Melonie Bunn, Superintenfent

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:

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

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

next, please contact [School/school district contact here; phone and email preferred]. 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 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 [School District]. The application must be filled out completely to certify your children for free or reduced price school

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 [building name/grade here], regardless of age.

List each child's name. Print each child's	Building name/Grade. If child is	Building name/Grade. It child is Do you have any foster children? If any children
name. Use one line of the application for	a student, list building name	listed are foster children, mark the "Foster Child" box
each child. When printing names, write one	and grade.	next to the child's name. If you are ONLY applying for
letter in each box. Stop if you run out of		foster children, after finishing STEP 1, go to STEP 4.
space. If there are more children present		Foster children who live with you may count as
than lines on the application, attach a second		members of your household and should be listed on
piece of paper with all required information		your application. If you are applying for both foster
for the additional children.	明 の の の い と の は の の の の の の の の の の の の の の の の の	and non-foster children, go to step 3.

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

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

for the additional

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:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

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- Leave STEP 2 blank and go to STEP 3.
- one in your household participates in any of the above listed programs:
- 373-4636 -[local agency contacts here]. participate in one of these programs and do not know your case number, contact: State number 1-855-Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you

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
- 0 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.

(Information follows on the reverse side.)

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 are

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
- o Infants, Children and students already listed in **STEP 1**.

Print t in the List ad

not list

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 total household size. Enter the total number of household	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
ork in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-uployed business or farm owner, you will report your net come. **Application** **Description** **Description	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
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port total household size. Enter the total number of household	Provide the last four digits of your Social Security Number, An
	The second secon
members in the field "Total Household Members (Children and	adult household member must enter the last four digits of
Adults)." This number MUST be equal to the number of household	their Social Security Number in the space provided. You are
members listed in STEP 1 and STEP 3 . If there are any members of	eligible to apply for benefits even if you do not have a Social
your household that you have not listed on the application, go	Security Number. If no adult household members have a Social
back and add them. It is very important to list all household	Security Number, leave this space blank and mark the box to
members, as the size of your household affects your eligibility for	the right labeled "Check if no SSN."
free and reduced price meals.	
19 4 5 4 6	Its)." This number MUST be equal to the number of household mbers listed in STEP 1 and STEP 3 . If there are any members of rhousehold that you have not listed on the application, go k and add them. It is very important to list all household mbers, as the size of your household affects your eligibility for and reduced price meals.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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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 (optional). On the

price school meals.		that person signs in the box "Signature of adult."	school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need "Signature of adult."
does not affect your children's eligibility for f	address here]	signing the application and	make your children ineligible for free or reduced price
your children's race and ethnicity. This field is	School/District	Print the name of the adult	available. If you have no permanent address, this does not Print the name of the adult School/District
back of the application, we ask you to share i	Form to: [Insert	and write today's date.	address in the fields provided if this information is
Share children's racial and ethnic identities (Mail Completed	Print and sign your name	Provide your contact information. Write your current

is optional and free or reduced information about

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

Date Received by LEA (LEA use only)

STEP 1

information, my children may lose meat benefits, and I may be prosecuted under applicable State and Federal laws. l 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 purposely give false Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School and children who meet the Children in Foster care even if not related." living with you and shares Member: "Anyone who is DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.
ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, Street Address (if available) Meals for more information definition of Homeless Confirming Official's Signature (For verification purposes only) Error Prone Application:

Yes

No (Optional – See FAQs) Eligibility: □Free □Reduced □Denied Reason: Printed name of adult completing the form STEP 4 you with the Household the charts titled "Sources of Income" for more Are you unsure what income to include here? Definition of Household for Adults" chart will help The "Sources of Income for Children" chart will information. Flip the page and review STEP 3 □Food Stamps/Temporary Assistance Income section. help you with the Child STEP 2 The "Sources of Income If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 [Do not complete STEP 3] Case Number: All Adult 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) Contact information and adult signature Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Total Household Members (Children and Adults) Name of Adult Household Members (First and Last) each source in whole dollars (no cents) 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 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 gross income (before taxes) for B. All Adult Household Members (including yourself) STEP 1 here. Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in A. Child Income Child's First Name Household size Apt# Determining Official's Signature: Signature of adult completing the form primary wage earner or other adult household member. Last four digits of Social Security Number (SSN) of City Earnings from Work l otal income TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY) Weekly Bi-Weekly 2x Month Ξ Child's Last Name State Child Support/Alimony Public Assistance/ Zip Weekly 4 □Week □Every 2 Weeks Bi-Weekly 2x Month Child income How often? Daytime Phone and Email (optional) Today's date × Date Approved/Denied: Date withdrawn: × Weekly × Building Name × Bi-Weekly 2x Month All Other Income Pensions/Relirement/ □Twice a Month Date: Wrile only one case number in this space Check if no SSN □ Month Grade Bi-Weekly 2x Month □Year Foster Child

INSTRUCTIONS Sources of Income

Sources of Inc.	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 Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security 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	 A child receives regular income from a private pension fund, annuity, or trust

	S	Sources of Income for Adults	lts
	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
me job	Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	 Social Security (including railroad retirement and black lung benefits)
eives Social	 Net income from self- employment (farm or business) 	 Supplemental Security Income (SSI) 	- Private pensions or disability benefits
ceased, and enefits	If you are in the U.S. Military:	- Cash assistance from State or local government	 Regular income from trusts or estates Annuities
ber loney	 Basic payand cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	 Alimony payments Child support payments Veteran's benefits 	- Investment income - Earned interest - Rental income
from r trust	 Allowances for off-base housing, food and clothing 	Strike benefits	- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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 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 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.

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-) 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.