
RUSSELL INDEPENDENT SCHOOLS

Dear Parent/Guardian:

Children need healthy meals to learn. Russell Independent Schools offers healthy meals every school day. Breakfast costs \$1.00 at all schools; lunch costs are \$2.00 at Russell High and Middle Schools and \$1.75 at Russell Primary and Russell-McDowell Intermediate Schools. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. 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: Dennis Chambers or Rhonda Day at 409 Belfont Street, Russell, Kentucky, 41169. For any questions, please call 606-836-9679 or e-mail dennis.chambers@russellind.kyschools.us.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP** or **KTAP** can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. 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 Dennis Chambers at the information in part 1 to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the office at 606-836-9679 if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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 District told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. 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.

11. 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: Anthony Thompson, 409 Belfont Street, Russell, Kentucky 41169.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call toll free at 1-800-372-2973.

If you have other questions or need help, call: (606) 836-9679.

Sincerely,

Dennis C. Chambers, CPA
Finance and Food Service Director

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INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP OR KTAP**, FOLLOW THESE INSTRUCTIONS:

Part 1: List only household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) who receives **SNAP or KTAP**.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to **Dennis Chambers** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP or KTAP** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **Dennis Chambers at (606) 836-9679**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

Turn the form in to **Dennis Chambers** at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to **Dennis Chambers** at your school.

If some of the children in the household are foster children:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in to **Dennis Chambers** at your school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **Dennis Chambers at (606) 836-9679**.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in to **Dennis Chambers** at your school.

The U.S. Department of Agriculture (USDA) 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 if 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, 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 (in Spanish). USDA is an equal opportunity provider and employer.

2014-2015 APPLICATION FOR FREE & REDUCED PRICE MEALS

Part 1. All Household Members

List the names of all household members (First, Middle, Last). A household member is any adult or child living in the home. (Attach an extra sheet if needed)	Write the name of each child's school. Write N/A if the household member is not in school.	Place a check in the box below if the child is foster, homeless, migrant, a runaway or in Head Start and skip to Part 4.					Check below if this person receives NO INCOME <input type="checkbox"/>
		Foster	Homeless	Migrant	Runaway	Head Start	
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>
6.							<input type="checkbox"/>

Part 2. Benefits

If any household member receives **SNAP** (Food stamps) or **KTAP** (Public Assistance), provide:
Name _____, **Case number:** _____ (No EBT card numbers), **Program:** _____
 Skip to Part 4. If no one receives these benefits, skip to Part 3. (SNAP/KTAP)

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE TAXES & DEDUCTIONS)

RECORD EACH INCOME ONLY ONCE. *If you are self-employed, a migrant worker or a seasonal worker and need to report yearly income, you must contact the School Nutrition Director in your district.*

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) (Attach an extra sheet if needed)	2. LIST ALL GROSS INCOME FOR EACH PERSON AND CHECK HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before taxes & deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	KTAP (Public Assistance, child support, alimony)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	X				\$150	X				\$0					\$0				
1.	\$					\$					\$					\$				
2.	\$					\$					\$					\$				
3.	\$					\$					\$					\$				
4.	\$					\$					\$					\$				
5.	\$					\$					\$					\$				

Part 4. Signature and last four digits of Social Security Number (Adult must sign)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See attached Use of Information 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 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. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ email: _____

Last four digits of Social Security Number: ### - ## - ____ - ____ I do not have a Social Security Number

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

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Choose one or more race (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
- White Native Hawaiian or other Pacific Islander

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks (Bi-weekly) x 26, Twice A Month (Semi-monthly) x 24, Monthly x 12
(Convert to yearly if more than one pay frequency is reported. Do not convert if all pay frequencies are the same)
The Sponsor must assess special circumstances for Households which report annual income.

Household size: ____ Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year

This is an error-prone application (monthly income within \$100 below, or annual income within \$1,200 below, the income eligibility limitation for free or reduced price meals).

DC (SNAP/KTAP/Medicaid/Foster) Other Source (Homeless/Migrant/Runaway/Head Start/Foster) Case Number (SNAP/KTAP)

Categorical Eligibility (except foster, homeless, migrant, runaway, Head Start) was extended to all other children in the household

Eligibility: Free Reduced Denied

Reason for Denial: _____ Date denial notice sent: _____

Determining Official's Signature: _____ Date: _____

Selected for Verification

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Verification results: Status did not change Changed to Paid Changed to reduced Changed to free

Date Dropped/Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the Federal Income Eligibility Limits on the chart below:

Federal Income Eligibility Guidelines for School Year 2014-2015					
Household size	Yearly	Monthly	Twice per month	Every two weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	+ 7,511	+ 626	+ 313	+ 289	+ 145

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.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, 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.

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SHARING INFORMATION WITH MEDICAID/KCHIP, SY 2014-2015

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Kentucky Children's Health Insurance Program (KCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and KCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and KCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or KCHIP, fill out the form below and return to _____ by _____.

(Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child/children listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, call Dennis Chambers at (606) 836-9679.

SHARING INFORMATION WITH OTHER PROGRAMS, SY 2014-2015

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. You are not required to give permission and sending in this form will not change whether your children get free or reduced price meals. For the following programs, we must have your permission to share your information. **If you want us to share your information**, fill out the form below and return to Dennis Chambers or Rhonda Day at 409 Belfont Street, Russell, Kentucky 41169 along with your application.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with any of the following programs:

Assessment: GMADE, GRADE, KENTUCKY CORE CONTENT, MEASURED ACADEMIC PROGRESS, NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS, NO CHILD LEFT BEHIND

Waiver of Russell High School Fees: ADVANCED PLACEMENT TESTING, CLASS, TEXTBOOKS

OTHER: TECHNICAL EDUCATION DATABASE SYSTEM, EXTENDED SCHOOL SERVICES, ORCHESTRA PROGRAM STUDENT FEES, AND FIELD TRIP FEES

- No! I **DO NOT** want school officials to share information from my Free and Reduced Price School Meals Application for any purpose.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child/children listed below. Your information will be shared only with programs listed. If any of the programs are not suitable for release, please indicate on this line: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Dennis Chambers** at **606-836-9679**. The U.S. Department of Agriculture (USDA) 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 if 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, 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 (in Spanish). USDA is an equal opportunity provider and employer.