



## ROCK PORT R-II SCHOOLS Food Service Program 2021-2022

Attached you will find an application for free/reduced meals. We are encouraging **all** parents of Rock Port R-II School District students who think they might qualify to apply. This will not only financially help those families that are eligible by providing free or reduced cost meals; it financially helps the Rock Port School. Some of our funding is based on our free/reduced count and allows us to get some of our tax money back. If you have already received a *Direct Certification letter*, *you do not need to reapply*. All information is kept in the strictest confidence. If you have any questions please call us at 744-6294.

***If you do not qualify for free lunches please put your money in an envelope with student's name, account number and amount of money enclosed written on the outside.*** Only payments in this form will be accepted from students or adults. Elementary students will give this envelope to their teachers. Jr. high and high school students need to put their *labeled envelope* in the drop box located in the high school office. Meals are to be paid for in advance. You may pay for as many weeks as you like. Weekly reminder notes will be sent home with elementary students showing account balances. Grades 7-12 will be given a verbal reminder. Parents may also check on balances any time on PowerSchool.

### **BREAKFAST**

Breakfast will be served from 7:40 - 8:05 each morning. Prices are:

<b>ELEMENTARY</b>	<b>\$8.50 per week</b>	<b>\$1.70 per day</b>
<b>JR. HIGH/HIGH SCHOOL</b>	<b>\$8.50 per week</b>	<b>\$1.70 per day</b>
<b>REDUCED</b>	<b>\$1.50 per week</b>	<b>.30 per day</b>

### **LUNCH**

<b>ELEMENTARY</b>	<b>\$12.00 per week</b>	<b>\$2.40 per day</b>
<b>JR. HIGH/HIGH SCHOOL</b>	<b>\$12.50 per week</b>	<b>\$2.50 per day</b>
<b>REDUCED</b>	<b>\$2.00 per week</b>	<b>.40 per day</b>

**\*\*Extra Milk is .45 per container for all students**

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS  
EFFECTIVE JULY 1, 2021**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$16,744	\$1,396	\$322	\$23,828	\$1,986	\$459
2	22,646	1,888	436	32,227	2,686	620
3	28,548	2,379	549	40,626	3,386	782
4	34,450	2,871	663	49,025	4,086	943
5	40,352	3,363	776	57,424	4,786	1,105
6	46,254	3,855	890	65,823	5,486	1,266
7	52,156	4,347	1,003	74,222	6,186	1,428
8	58,058	4,839	1,117	82,621	6,886	1,589
Each add'l member	+ 5902	+ 492	+ 114	+ 8,399	+ 700	+ 162

**Family/Household** means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

**Gross Income** means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

**Income** does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

**Current Income** is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers.

(Information follows on the reverse side.)

## LETTER TO PARENTS

### FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **[Rock Port School District]** offers healthy meals every school day. Breakfast costs **\$1.70**; lunch costs **\$2.40 for elementary students and \$2.50 for junior high and high school students**. **Your children may qualify for free meals or for reduced price meals**. Reduced price is **\$0.30** for breakfast and **\$0.40** 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	Annually	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each add'l person add	+ 8,399	+ 700	+ 162

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 **Rock Port School, Mr. Donnie Parsons, homeless liaison or migrant coordinator at (660)744-6294**.

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: **Rock Port School, 600 S. Nebraska St., Rock Port, MO 64482, (660)744-6294**.

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 Elementary Secretary, Michelle Garst, (660)744-6294 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.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 [Rock Port School District]. The application must be filled out completely to certify your children for free or reduced price school 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 contact Rock Port School (660)744-6294 michelle.garst@rpbluejays.com.

**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			
<p>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.</p> <p><b>Who should I list here?</b> When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> <li>• Children age 18 or under AND are supported with the household's income;</li> <li>• In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;</li> <li>• Students attending Rock Port School/preschool-12th, <u>regardless of age.</u></li> </ul>			
<p><b>List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>Building name/Grade.</b> If child is a student, list building name and grade.</p>	<p><b>Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• The Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• The Food Distribution Program on Indian Reservations (FDPIR).</li> </ul>			
<p><b>If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave STEP 2 blank and go to STEP 3.</li> </ul>	<p><b>if anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, 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: State number 1-855-373-4636.</li> <li>• Go to STEP 4.</li> </ul>		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
<p><b>How do I report my income?</b></p> <ul style="list-style-type: none"> <li>• Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report.</li> <li>• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.             <ul style="list-style-type: none"> <li>○ Gross income is the total income received before taxes</li> <li>○ 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.</li> </ul> </li> </ul> <p style="text-align: right;">(Information follows on the reverse side.)</p>			



# 2021-2022 Application for Free and Reduced Price School Meals

Attachment E

Date Received by LEA (LEA use only)

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

STEP 1 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)

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homesick Migrant Runaway	Foster Care

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

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: \_\_\_\_\_ Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.  
 Child income: \_\_\_\_\_

**B. All Adult Household Members (including yourself)**  
 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 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.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Total Household Members (Children and Adults): \_\_\_\_\_

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member:         Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form To: 600 S. Nebraska St., Rock Port, MO 64482

I 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 I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (optional) \_\_\_\_\_

Apt # \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

Printed name of adult completing the form \_\_\_\_\_

**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)**

Per:  Week  Every 2 Weeks  Twice a Month  Month  Year

Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_ Total income: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

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

# 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: \_\_\_\_\_