

ROCK PORT R-II SCHOOLS Food Service Program 2025-2026

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 660-744-6294.

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 7:30 - 8:00 each morning. Prices are:

ELEMENTARY	\$2.50 per day
JR. HIGH/HIGH SCHOOL	\$2.50 per day
REDUCED	.30 per day

LUNCH

ELEMENTARY	\$3.40 per day
JR. HIGH/HIGH SCHOOL	\$3.40 per day
REDUCED	.40 per day

^{**}Extra Milk is .50 per container for all students

ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS EFFECTIVE JULY 1, 2025

Household		Household I		Maximum Household Income		
Size	Eligibl	<u>le for Free Me</u>	eals	Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	Weekly	Annually	Monthly	<u>Weekly</u>
1	\$20,345	\$1,696	\$392	\$28,953	\$2,413	\$557
2	27,495	2,292	529	39,128	3,261	753
3	34,645	2,888	667	49,303	4,109	949
4	41,795	3,483	804	59,478	4,957	1,144
5	48,945	4,079	942	69,653	5,805	1,340
6	56,095	4,675	1,079	79,828	6,653	1,536
7	63,245	5,271	1,217	90,003	7,501	1,731
8	70,395	5,867	1,354	100,178	8,349	1,927
Each add'l						
member	+7,150	+596	+138	+10,175	+848	+196

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 <u>current</u> 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 \$2.50; lunch costs \$3.40. 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	<u>Monthly</u>	Weekly
1	\$28,953	\$2,413	\$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
For each add'l person add	+10,175	+848	+196

- 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 (660)744-6296.
- 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 <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.

HOW TO APPLY FOR FREE AND 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 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. The application must be filled out completely to determine the eligibility your child(ren) for free or reduced price school meals. 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 CHILDREN, INFANTS, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending Rock Port School/preschool-12th, regardless of age.

electronically) with all required information for child. When printing names, write one letter in adults in Step 3. "MI" is short for middle initial. application, attach a second piece of paper (or name. Use one line of the application for each each box. Stop if you run out of space. If there A) List each child's name. Print each child's are more children present than lines on the the additional children. This also applies to Print the first letter of each child's middle a second application if completing name in the box.

count as members of your household and should be go to STEP 4. Foster children who live with you may C) Do you have any foster children? If any children applying for foster children, after finishing STEP 1, listed are foster children, mark the "Foster Child" listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster been taken into state custody and placed with a children. A foster child is a minor child who has box next to the child's name. If you are ONLY B) Building name/Grade. If child is a student, list building name and

Runaway" box next to the child's name and complete D) Are any children homeless, migrant, or runaway? cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and income-based application. You order to prevent the school district from potentially may choose to provide income information now in If you believe any child listed in this section meets appropriate program staff. If the school district this description, mark the "Homeless, Migrant, all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the needing to contact you later.

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

state-licensed adult, who cares for the child in place

of their parent or guardian.

 The Food Distribution Program on Indian Reservations (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: Temporary Assistance for Needy Families (TANF)

If no one in your household participates in any of the above The Supplemental Nutrition Assistance Program (SNAP)

- Check "No" in STEP 2 and go to STEP 3. listed programs:
- If anyone in your household participates in any of the above listed programs:
- 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.
 - Go to STEP 4.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

How do I report my income?

- has income to Use the litsts titled "Sources of Income for Adults" & "Sources of Income for Children," printed on the back side of the application form to determine if your household
- 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 and deductions.
- 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.

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 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.

Mark how often each type of income is received using the check boxes to the right of each field.

(Information follows on the reverse side.)

2025-26 Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO Rock Port School District, 600 S.
Nebraska St., Rock Port, MO 64482

Date Received by LEA (LEA use only).

S EP List ALL children, infants, and students up to and including grade 12. Attach another sneet or paper if you need space for more names.	cluding gra	3e 12. Att	acn anoth	er sneet o	r paper i	T you nee	a space to	more na	mes.							
List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.	ren attending	gother sof	ools, child	ren not in	school, a	nd childrer	n not apply	ing tor ber	ents. This	ncludes o	nildren no	t related to	you in yo	your nousen Foster Hom	usenold. Homeless,	
Child's First Name MI	Child's Last Name	ast Nam	a					Buildin	Building Name			Grade	Ū	Child Mig	Migrant, Runaway	
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STEP 2 Do any household members (including you) participate in: SNAP, TANF, or	ipate in: SN/	AP, TANE	or FDPIR?									: :				
○ NO → Go to STEP 3. ○ YES → Write case number here and proceed to STEP 4.	e and procee	d to STEP		CASE NUMBER (NOT EBT NUMBER):	EST NUN	ABER):						Write	only one	Write only one case number in this space	er in this spa	ace.
STEP 3 List ALL household members and income for each member (before taxes and deductions)	member (be	fore taxe	s and ded	uctions)												
A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (befor source in whole dollars (no cents) only. If they do not receive income from any source, write '0', or leave any fields blank, you are certifying (promising) that there is not income to report.	I shares incor urself) even if ne from any s	ne and ex they do n ource, wri	ot receive te '0'. If yo	en if not re income. For a enter '0'	lated, increased Horleave	fuding you busehold N iny fields b	4.) dember list dank, you a	ed, if they re certifyin	receive inc g (promisi	ome, repo	rt total gra	receive infoot related, including you.) receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each O'. If you enter 'O' or leave any fields blank, you are certifying (promising) that there is not income to report.	before ta:	xes and dec	ductions) fo	or each
	•	How ofte	How often received?			Pub	Public Assistance,	How o	How often received?	~		Pensions, Retirement, Social Security, SSI,	ي ا	How often received?	eived	
Name of Adult Household Members (First and Last) Earnings from Work	Work	Weekly		2x Month Mo	Monthly Annual		Child Support, Alimony	Weekly	Every 2 Weeks	2x Month	Monthly	VA Benefits, All Other Income		Weekly w	Every 2 2x Weeks Month	th Monthly
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(Children and Adults): Wage earner or other adult household mem	ult house	nold me	:mber (I	ber (If Applicable):	able): [-	How often received?		٦	эесилку милирел	מנוומפו	P.	Please see back of application for list of	back of for list of	
B. Child Income Sometimes children in the household earn or receive income.					Child income		Weeldy	Every 2 Weeks	2x Month M	Monthly	Annual		i.E	income sources	rces.	
include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP	ALL children I	isted in ST	EP 1 here.	€Э			0	0	0	0	\bigcirc					
STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: 600 S. Nebraska St., Rock Port, MO 64482	COMPLETED	FORM T) YOUR C	HLD'S SCH	1001: 60	0 S. Nebra	aska St., Ro	ock Port, P	AO 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 (promise) that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	and that all	income is n, my chil	reported	l underst ose meal	and that benefits,	this inforn and I may	ported. I understand that this information is given in connection with the receipt of Federal : n may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.	iven in cor cuted und	inection v er applical	vith the re ole State a	ceipt of F Ind Feder	ederal func al Iaws."	ls, and th	at school (officials m	ay verify
		. .														
Print Name of Adult Signing the Form	S	Signature of Ad	Adult] F[]	Today's Date						
Mailing Address (if Available)			City				State	Zip	٥	aytime Pho	ne and Em	Daytime Phone and Email {optional}		U		
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	L USE ONI	Х. ; X 26, Т	MICE A I	(HINON	C 24, MC	ONTHLY	X 12 (USI	12 (USE ONLY IF MULTIPLE FREQUENCY)	F MULTI	PLE FRE	COUENC	۲)				
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Error Prone Application: DYes DNo (Optional See FAQs)	s) Determi	Determining Officia		's Signature:							ate Appr	Date Approved/Denied	1			
Confirming Official's Signature (For Verification purposes only):	lby):												Date	e le		

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 (Medicai	id) is considered h	ealthcare insurance.
If NO is checked the school district Healthcare Coverage form for the	·	Ooes Your Child Need
Completion of this form is not a co and Reduced Price Meals Family A response to this Request for Inforr	pplication will be	
Submit this request with your Free Application or return to your school		ce School Meals Family
Printed name of parent/guardian:		
Mailing Address:		
City:	State:	Zip Code:
It is the policy of the Missouri Department of Elementary and Secondary Education of mental or physical disability, or any other basis prohibited by statute in its programs Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrim 2008 (ADAAA), the Genetic Information Non-Discrimination Act (GINA), or USDA Ti	or employment practices as required by Tit mination Act of 1975 and Title II of the Amer	e VI and VII of the Civil Rights Act of 1964, Title IX of the Education
Direct inquiries related to department employment practices to the Jefferson State C number 573-751-9619. Inquiries related to department programs and to the location State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Titl	n of services, activities, and facilities that are	accessible by persons with disabilities may be directed to the Jefferson

Inquiries or concerns regarding civil rights compliance by school districts or charter schools should be directed to the local school district or charter school Title IX/non-discrimination coordinator. Inquiries and compliants may also be directed to the Office for Civil Rights, Kansas City, MO 64106, telephone: 816-268-0550, TDD 877-521-2172.

Anyone attending a meeting of the State Board of Education who requires auxiliary aids or services should request such services by contacting the Executive Assistant to the State Board of Education,

Jefferson City, MO 65102-0480; telephone number 573-522-1775 or TTY 800-735-2966; fax number 573-522-4883; email civilizing ts@dese.mo.gov

Jefferson State Öffice Building, 205 Jefferson Street, Jefferson City, MO 65102-0480, telephone 573-751-4446 or TTY: 800-735-2966.