FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn Russellville School District offers healthy meals every school day. Breakfast costs \$0; lunch costs \$3.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0 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 **Supplemental Nutrition Assistance Program** (SNAP), 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.

	TY INCOME CHART For		
Household size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

- 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 Skye Mitchell
- 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: Ashley Mooney P.O. Box 928
 Russellville AR 72811 (479-498-8836)
- 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 Ashley Mooney, P.O. Box 928 Russellville AR 72811, by phone at 479-498-8836, or email at ashley.mooney@rsdk12.net immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit family.titank12.com to begin or to learn more about the online

application process. Contact Ashley Mooney, P.O. Box 928 Russellville AR 72811, by phone at 479-498-8836, or email at ashley.mooney@rsdk12.net if you have any questions about the online application.

- 6. 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, through 9/26/2023. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. 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.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 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.
- 10. 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 contact Ashley Mooney, P.O. Box 928 Russellville AR 72811, by phone at 479-498-8836, or email at ashley.mooney@rsdk12.net.
- 11. 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.
- 12. 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.
- 13. 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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. 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, 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.
- 15. 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 Ashley Mooney, P.O. Box 928 Russellville AR 72811, by phone at 479-498-8836, or email at ashley.mooney@rsdk12.net to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Supplemental Nutrition Assistance Program (SNAP), contact your local assistance office or call 501-682-8276.

If you have other questions or need help, call 479-498-8836. Sincerely,

Ashley Mooney

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, 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 even if your children attend more than one school in Russellville Schools. The application must be filled out completely to certify your children for free or you are not sure what to do next, please contact Ashley Mooney at 479-498-8836 or email at ashley.mooney@rsdk12.net

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 Russellville Schools, regardless of age.

"Student" to tell us which children attend Russellville Schools. If you evel of the student in the 'Grade' Russellville Schools? Mark 'Yes' or 'No' under the column titled marked 'Yes,' write the grade B) Is the child a student at column to the right. name. Use one line of the application for each there are more children present than lines on child. When printing names, write one letter A) List each child's name. Print each child's in each box. Stop if you run out of space. If paper with all required information for the

the application, attach a second piece of

additional children.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" applying for foster children, after finishing STEP 1, box next to the child's name. If you are ONLY go to STEP 4.

members of your household and should be listed on your application. If you are applying for both Foster children who live with you may count as foster and non-foster children, go to step 3.

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

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?

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)
- A) If no one in your household participates SNAP:
 Leave STEP 2 blank and go to STEP 3.
- B) If anyone in your household participates in any of the above listed programs:
- Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: Arkansas Department of Human Services at 479-968-5596
- Go to STEP 4.

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.
 - 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.

- 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.

3.A. REPORT INCOME EARNED BY CHILDREN

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." Only count foster children's income if you are applying for them together with the rest of your household.

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.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1 a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

follow the instructions in STEP 3, part A. E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

C) Report earnings from work. Report all 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. F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

D) 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.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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 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.

A) Provide your contact information. Write your current
address in the fields provided if this information is available
If you have no permanent address, this does not make your
children ineligible for free or reduced price school meals.
Sharing a phone number, email address, or both is optional,
but helps us reach you quickly if we need to contact you.

b) Print and sign your name. Print the name of the adult signing the application and that person signs	in the box signature of adult.
--	--------------------------------

	D) Share chilo
C) Write today's date.	(optional). Or
In the space provided,	to share infor
write today's date in	ethnicity. This
the box.	children's elig

	D) shale children's racial and entitle identities	
ai.	(optional). On the back of the application, we ask you	
_	to share information about your children's race and	
	ethnicity. This field is optional and does not affect your	
	children's eligibility for free or reduced price school	
	meals.	

2023-2024 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil)

Daytime Phone and Email (Optional)		City State	Apt#	
	Zip			Street Address (if available)
Disclosure (Optional) I do not want school officials to share information from thy free and reduced price free application with received of the State Chinacian Contact information and adult signature STEP 4 Contact information and adult signature "Loertify (promise) that all information on this application is true, and that all income is reported. Lunderstand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. Lam 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."	he receipt of Federal funds, and tha	o snare iniormation from thy free and reduced laws."	adult signature lication is true, and that all income is reported. I u efits, and I may be prosecuted under applicable S	STEP 4 Contact information and adult signature "I certify (promise) that all information on this application is true, and false information, my children may lose meal benefits, and I may be r
Medicaid or the State Children's Health Insurance Prog	rice meal application with N	o share information from my free and reduced		6
Check if no SSN.	× × ×	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Total Household Members La (Children and Adults)	section. Total Household Members Children
0 0			\$ \$	The "Sources of Income for Adults" chart will help you with the All Adult
				The "Sources of Income for Children" chart will help you with the Child Income section.
How often? B:Weekly 2x Month Monthly O O O	Public Assistance / Child Support/Alimony Weekly	Earnings from Work Weekly E-Weekly 2x Month Monthly	Name of Adult Household Members (First and Last)	Rip the page and review the charts titled "Sources of Income" for more information.
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 total 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.	usehold Member listed, if they d ank, you are certifying (promisin	ourself) even if they do not receive income. For each Ho ny source, write 'O'. If you enter 'O' or leave any fields b	old Members not listed in STEP 1 (including yo ts) only. If they do not receive income from an	Are you unsure what List all Househ dollars (no cer
Child income Westly BHWestly 2x Month Monthly Westly BHWestly 2x Month Monthly	\$	ome for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself)	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 or receive income. Please include the TOTAL income received by Household Members listed in STEP 1 here. B. All Adult Household Members (including yourself)	STEP 3 Report Income for ALL House A. Child Income Sometimes children in the Household Members list B. All Adult House
fier. Case Number or Identifier:	Write only one case number or identifier.		Write a case number or identifier here, then go to STEP 4. (Do not complete STEP 3)	f NO> Go to STEP 3. If YES > Write a case no
(SNAP)?	Nutrition Assistance Program	Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?	ers (including you) currently participate l	STEP 2 Do any Household Memb
				Runaway are eligible for free meals. Read How to Apply for free and Reduced Price
				Children in Foster care and children who meet the definition of Homeless Migrant or
				Member: "Anyone who is living with you and shares income and expenses, even if not related."
School Grade Student? School Grade Yes No	Name of School	Child's First Name MI Child's Last Name Name of School Grade	old Members who are intrants, children, and students Child's First Name MI	STEP 1 List ALL Household Memb

INSTRUCTIONS Sources	Sources of Illicoline			-			
	Sources of Income for Children	e for Children				Source of Income for Adults	Adults
Source of Child Income		Example (s)			Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
Earnings from work	A child has a regular to salary or wages.	A child has a regular full or part-time job where they earn a regular salary or wages.	ere they earn a regular	•Salary	Salary, wages, cash bonuses Net income from self-	 Unemployment benefits Worker's compensation 	 Social Security (including railroad retirement and black lung benefits)
Social SecurityDisability Payments	A child is blind or disa A parent is disabled,	A child is blind or disabled and receives social security benefits A parent is disabled, retied, or deceased, and their child receiv	A child is blind or disabled and receives social security benefits. A parent is disabled, retied, or deceased, and their child receives Social		usiness) itary:	Supplemental Security Income (SSI)	 Private pensions or disability benefits Regular income from trusts or estates
Survivor's Benefits	Security benefits.	ictica, of accesses,	C C C C C C C C C C C C C C C C C C C		Basic pay and cash bonuses (do not include combat pay, FSSA or labeled to the second sec	Cash assistance from state or local government	Annuities Investment income
Income from person outside the household	A friend or extended money.	A friend or extended family member regularly give a child spending money.	ly give a child spending	privatiz •Allow	Ų	Alimony payments Child support payments	Earned interest Portal income
Income from any other source	A child receives regul or trust.	lar income form a priva	A child receives regular income form a private pension fund, annuity, or trust.		food and clothing	Veteran's benefitsStrike benefits	 Regular cash payments formoutside household
OPTIONAL Children's R	Children's Racial and Ethnic Identities	ties					
We are required to ask for information about your children's race and ethnicity. This informatio section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one):	nformation about your not affect your childr Hispanic or Latino	our children's race and ethnicity ldren's eligibility for free or redunous Not Hispanic or Latino	and ethnicity. This ir free or reduced pric nic or Latino	nformation is i be meals.	important and helps to m	nake sure we are fully serv	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. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
Race (check one or more):	☐ American Ind	American Indian or Alaskan Native	ive 🗌 Asian 🏾	∃ Black or A	Black or African American 🔲 N	Native Hawaiian or Other Pacific Islander	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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child, or	nool Lunch Act requires all needed information, of the social security number social security numbers.	the information on this a we cannot approve your mber of the primary wag ser is not required when	pplication. You do not hav child for free or reduced pe earner or other adult ho you apply on behalf of a feet and the control of the control	e to give the orice meals. usehold oster child, or	Program information may be n alternative means of communi Language), should contact the Center at (202) 720-2800 (voice	nade available in languages other cation to obtain program informat responsible State or local Agenc se and TTY) or contact USDA thro	Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Lenguage), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
you list a Supplemental Nutrition Assistance Program (SNAP) case number or other SNAP 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.	sistance Program (SNA) in member signing the archild is eligible for free child is eligible share your el. We may share your eld, or determine benefits ok into violations of prook into violations of programmer.	 case number or other oplication does not have oplication does not have reduced price meals, ligibility information with for their programs, audi gram rules. 	SNAP identifier for your of a social security number. and for administration and and for administration and number in the security in the secu	hild or when We will use I enforcement trition and law	To file a program discrimination Discrimination Complaint Form https://www.usda.gov/sites/de/17Fax2Mail.pdf, from any USI must contain the complainant discriminatory action in sufficie date of an alleged civil rights v	To file a program discrimination complaint, a Complainant should Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASC 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-999; must contain the complainant's name, address, telephone numb discriminatory action in sufficient detail to inform the Assistant St date of an alleged civil rights violation. The completed AD-3027 of the completed AD-30	To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:
Nondiscrimination Statement: This explains what to do when you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retailation for prior civil rights activity.	s explains what to do wi s law and U.S. Departm riminating on the basis r reprisal or retaliation fo	nen you believe you hav ent of Agriculture (USD/ of race, color, national o or prior civil rights activity	e been treated unfairly. y) civil rights regulations a rigin, sex (including gende	nd policies, er identity and	mail: U.S. Department of Agriculture Office of the Assistant Secretary 1400 Independence Avenue, SW Washington, D.C. 20250-9410	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	fax: (833)256-1665 or (202) 690-7442; email: program.intake@usda.gov. This institution is an equal opportunity provider
Do not fill out For School	For School Use Only						To a second
School use only					A	Annual Income Conversion:	show calculations
Total Income:					We	WeeklyX 52= _	
Per: O Week O Eve	Every 2 Weeks O	Twice a Month	O Month	O Year	2×1	2x/monthX 24=_	
Household Size:	SNAP: Ca	Categorically Eligible:	Date Withdrawn:	drawn:	Eve	Every 2 wksX 26=_	
Eligibility: OFree O Reason for denial:	O Reduced O	Denied			Mo	MonthlyX 12=X 11=	
Determining Official's Signature:	Ire:			Determination Date:	tion Date:		2023-2024