

# Cozad Community Schools

## Home of the Haymakers

James Ford, Superintendent  
Corey Fisher, High School Principal  
Brian Regelin, Middle School Principal  
Kyle Hoehner, Elementary Principal



Jeremy Yilk, Activities Director  
Jessica Edeal, Special Education Director  
Patty Wolfe, Director of Technology  
Connor Williams, Director of Teaching & Learning

Dear Parent/Guardian:

Children need healthy meals to learn. Cozad Community Schools offers healthy meals every school day. **Breakfast costs \$1.55 for PK-5<sup>th</sup> grade; \$1.80 6<sup>th</sup> -12<sup>th</sup> grade; Lunch costs \$2.90 PK-5<sup>th</sup> grade; \$3.10 6<sup>th</sup>- 12<sup>th</sup> grade. Your children may qualify for free or reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 26, 2023** in order to avoid an interruption in meal benefits.

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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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.

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 Sera Shoemaker, Homeless Liaison, 308-784-3462, [sera.shoemaker@cozadschools.net](mailto:sera.shoemaker@cozadschools.net).
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: Cozad Community Schools, Attn: Brenna Richie, 1910 Meridian Ave, Cozad, NE 69130.
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 Brenna Richie at 308-784-2475 immediately.
5. CAN I APPLY ONLINE? You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same

requirements and will ask you for the same information as the paper application. Visit <https://foodservice.edutrak.com/> to begin or the online application process. Contact Brenna Richie at 308-784-2745 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. 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.
9. 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: Mr. James Ford, Superintendent, 1910 Meridian Ave, Cozad, NE 69130, 308-784-2745.
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 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.
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 any of the school offices 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 SNAP or other assistance benefits, please go online to [ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov) or call 1-800-383-4278.
17. If you have other questions or need help, call Brenna Richie at the District Office at 308-784-2745.

Sincerely,



Mr. James Ford, Superintendent



## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.  
**Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**Part 2:** If the household does not have a Master Case Number, skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.  
**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the school they attend and their grade.

**Part 2:** If the household does not have a Master Case Number, skip this part.

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

**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (including railroad retirement and black lung benefits)
- Private pensions or Disability benefits
- Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.



Return Completed Application to: Cozad Community Schools, 1910 Meridian Ave, Cozad, NE 69130

**Part 1: Children in School**

List names of all children in school (**First, Middle Initial, Last**).  
If all children listed are foster, skip to Part 4 to sign the form.  
If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.

Grade

Name of School Child Attends

Check all that apply:  
Foster Child Homeless, Migrant, Runaway

☐☐☐☐☐☐☐☐☐☐**Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDIPIR:  
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.****1. Household Members**

List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.

**2. Gross Income (before taxes) and How Often it was Received**

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

Pensions, Retirement and All Other Income

Income

How often

Income

How often

Income

How often

Total Number of Household Members:  
(Children and Adults)

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – \_\_\_\_

Check if no SSN ☐**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"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."

Sign here:

Print name:

Date:

Street Address (if available):

Zip:

Daytime  
Phone:

**Part 5: Children's Ethnic and Racial Identities – Optional****Check one Ethnic Identity:**

– and –

**Check one or more Racial Identities:**☐ Hispanic or Latino☐ Asian☐ Black or African American

☐ Native Hawaiian or  
other Pacific Islander

☐ Not Hispanic or Latino☐ White☐ American Indian or Alaskan Native**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:

Weekly X 52;

Every 2 weeks X 26;

Twice a month X 24;

Monthly X 12

Total Household Size: \_\_\_\_\_

☐ Free☐ Reduced☐ Denied☐ Income

Reason for denial:

☐ Categorically eligible:☐ Income too high☐ SNAP/TANF/FDIPIR☐ Incomplete application☐ Foster Child☐ Homeless/Migrant/Runaway:

(Official Documentation Required at School)

Total Income: \_\_\_\_\_ per

☐ Year ☐ Month ☐ 2 X Mo ☐ Every 2 Wks ☐ Week

Signature of Determining Official:

Date Approved:

**FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official:

Date Confirmed:

Signature of Verifying Official:

Date Verified:

Date Withdrawn  
From School:

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2023-24					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

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 are 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.

**Non-Discrimination Statement:** This explains what to do if 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 retaliation for prior civil rights activity.

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 Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: (833) 256-1665 or (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## **3012**

### **School Meal Program and Meal Charges**

**Meal Program.** The school district will make a school meal program available to students. The cost of the program will be determined by the board of education so as to make the program as nearly self-supporting as possible. With board approval, the district may contract with a private company or corporation for the management and/or provision of the program.

The district will notify the families with children attending school of the current guidelines for free or reduced-price school meals. A copy of the complete regulations and procedures regarding reduced-price and free meals shall be available in the office of the superintendent. Families may apply for free or reduced-price school meals at any time during the school year.

**Payment Options.** Families may pay for school lunches using cash or check. Electronic payments are also available through a link on the school district's website.

**Meal Charge Policy.** The district will notify students and their families of the policy for charged meals, meaning meals received by a student when the student does not have money in hand or in his or her food account. This policy applies to students who receive meals at the free, reduced, or full rates.

Notice of this policy must be provided in writing to all households at the start of each school year and to households that transfer to the school during the school year. Notice may be provided through the student handbook, student registration materials, online portal used to access student accounts, direct mailing or e-mail, newsletter, the district website, and/or any other appropriate means. Notice of this policy will also be provided all school staff responsible for the enforcement of it, including food service professionals responsible for collecting payment for meals at the point of service, staff involved in notifying families of low or negative balances, and other staff involved in enforcing any aspect of this policy.

If a student has no funds available to pay for a meal, the student will be provided and charged for up to five limited "courtesy meals," such as a plain sandwich. Thereafter, if a student has no funds available to pay for a meal, no food will be provided.

Students who qualify for free meals will not be denied a reimbursable meal, even if they have accrued a negative balance from other food purchases. School staff may prohibit any students from charging a la carte or extra items if they do not have cash in hand or their account has a negative balance.

If a student repeatedly lacks funds to purchase a meal, has not brought a meal from home, and is not enrolled in a free meal program, the district will use its resources and contacts to protect the health and safety of the student. Failure or refusal of parents or guardians to provide meals for students may require mandatory reporting to child protection agencies as required by law.

### **Collection of Delinquent Meal Charge Debt**

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The school district is required to make reasonable efforts to collect unpaid meal charges. The building principal or his or her designee will contact households about unpaid meal charges and notify them again of the availability of the free and reduced meal program and/or establish payment plans and due dates by telephone, e-mail, or other written or oral communication. If these collection efforts are unsuccessful, the school district may pursue any other methods to collect delinquent debt as allowed by law. Collection efforts may continue into a new school year.

In the event that the Nebraska Department of Education develops a state-level meal charge policy, it shall supersede that portion of this policy.

Adopted on: 6/19/2017

Revised on: 6/13/2022

Reviewed on: \_\_\_\_\_



## Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2020 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

Zero income resulting from use of the 1040 Form does not require follow-up.

### Important Reminders from the U.S. Individual Income Tax Return Form 1040:

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 9 (Total Income) and line 11 (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

### From the first page of the U.S. Individual Income Tax Return Form 1040:

Line 7 Capital Gain or (loss) \_\_\_\_\_

### From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:

Line 3 Business Income or (loss) \_\_\_\_\_

Line 4 Other Gains or (losses) \_\_\_\_\_

Line 5 Rental Real Estate, etc. \_\_\_\_\_

Line 6 Farm Income or (loss) \_\_\_\_\_

**Total** of the above five lines: \_\_\_\_\_ **equals annual self-employed income \***

\* Report this figure on the meal application in the column labeled "All Other Income".

**If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.**

**NOTE:** This form is used only to report income from self-employment and/or farming. If any members of the household have income from other jobs, the gross income from those jobs must be reported on the meal application form.

**Cozad Community Schools**  
**2023-2024 Lunch Information Packet**

Cozad Community Schools  
1910 Meridian Avenue  
Cozad, NE 69130

Non-Profit Organization CARR-RT-Sort PERMIT No.7 Cozad, Nebraska
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