

Springfield School District RE-4  
389 Tipton - Springfield, CO 81073  
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 **Springfield 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 Pam Hartley, 389 Tipton Street, Springfield, CO 81073  
[pam.hartley@spre4.org](mailto:pam.hartley@spre4.org) 719-523-6654

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**  
**RETURN THE COMPLETED AND SIGNED APPLICATION TO:**  
Pam Hartley, 389 Tipton Street, Springfield, CO 81073

**STEP 1: LIST ALL STUDENTS ATTENDING SPRINGFIELD SCHOOL DISTRICT.**

Tell us how many 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:

- Students attending Springfield School District and are in your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Springfield School District, *regardless of age*.

**A) List each student's name.** For each student, print their first name, middle initial and last name. Use one line of the application for each child. 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.

**B) Does the student have income?** If 'Yes' report income of student's in STEP 3A. If 'No' check the 'No Income' box.

**C) Optional:** Provide the birthdate and Grade for each student.

**D) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

**E) Are any children homeless, migrant, runaway or participating in Head Start?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Head Start, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF OR FDPIR?**

**If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion)
- The Food Distribution Program on Indian Reservations (FDPIR)

**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- *Leave STEP 2 blank and proceed to STEP 3.*

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- **Provide a case number for SNAP, TANF or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your county or state assistance programs office. **You must provide a case number on your application.**
- *If you provided a case number, skip to STEP 4.*

**STEP 3: REPORT GROSS INCOME FOR ALL STUDENT’S AND HOUSEHOLD MEMBERS**

**A) Student Income:** Refer to the chart titled “Sources of Income for Student’s” below and report the combined gross income (before taxes and other deductions) for **ALL** students listed in Step 1 in your household in the box marked “Student Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

**What is Student Income?**

Income that is received from outside your household and is paid **directly** to your children should be reported. Many households do not have any student income. Use the chart below to determine if your household has student income to report.

Sources of Income for Students	
Sources of Student Income	Example(s)
<ul style="list-style-type: none"> <li>• Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>• A child has a job where they earn a salary or wages.</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security                             <ul style="list-style-type: none"> <li>○ Disability Payments</li> <li>○ Survivor’s Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A child is blind or disabled and receives Social Security benefits.</li> <li>• A parent is disabled, retired, or deceased, and their child receives social security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from persons <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>• A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>• Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>• A child receives income from a private pension fund, annuity, or trust.</li> </ul>

**B) All Other Household Members (including yourself):** Print the name of each household member in the boxes marked “Names of Other Household Members.” **Do not list any household members you listed in STEP 1.** If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

## FOR EACH HOUSEHOLD MEMBER:

### Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*
- Children age 18 or under **and** are supported with the household's income, that were not already reported as students.

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.
- Children and students already listed in Step 1.

### How do I fill in the income amount and source?

#### FOR EACH TYPE OF INCOME:

- Use the charts in this section 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 or 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 be counted as zeroes. If you write '0' or leave any fields blank, you are certifying that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, **your application will be verified for cause.**
- Mark how often each type of income is received using the check boxes to the right of each field.

**C) Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. If you are a self-employed business or farm owner, you will report your net income.

### What if I am self-employed?

If you are 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.

**D) Report income from Public Assistance/Child Support/Alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

**E) Report income from Pensions/Retirement/All other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

**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 determines your eligibility for free and reduced price school meals.

**G) Provide the last four digits of your Social Security Number, or an indication of no Social Security Number.** The household's primary wage earner or another 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."

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li><b>Net</b> income from self-employment (farm or business)</li> <li>Strike benefits</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li><i>Regular</i> cash payments from outside household</li> </ul>

**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 mailing 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) Sign and print your name.** Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

**C) Today’s Date.** In the space provided, write today’s date in the box.

**STEP 5: RELEASE OF INFORMATION**

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children’s Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students are eligible to receive free or reduced price meals this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)’ eligibility for school meals. **Your information WILL be shared unless you check one of the boxes below.**

**OPTIONAL: Share children’s Racial and Ethnic Identities.** 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.**