



**BAKERSFIELD R-IV SCHOOL DISTRICT
2022-23 New Student Enrollment Form**

**PLEASE SUBMIT COMPLETED APPLICATION TO THE BAKERSFIELD HIGH SCHOOL SECRETARY
OR MAIL TO: BAKERSFIELD R-IV SCHOOL P.O. BOX 38 BAKERSFIELD, MO 65609**

PLEASE BE PREPARED TO PROVIDE THE FOLLOWING DOCUMENTS UPON REGISTRATION:

***Birth Certificate, Current Immunizations, Proof of Residency
Parent/Guardian Legal Restriction Documentation***

Has the student previously attended Bakersfield R-IV Schools? Yes No

REQUEST FOR TRANSCRIPT OF RECORDS

Date: _____ Student Name: _____

Grade: _____ Date of Birth: _____

WE REQUEST THE RELEASE OF THE FOLLOWING INFORMATION FROM:

Name of Transferring School: _____

Address: _____

Phone: _____ Fax: _____

Please fax the following:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Copy of Birth Certificate | <input checked="" type="checkbox"/> Copy of social security card | <input checked="" type="checkbox"/> Cumulative permanent school records |
| <input checked="" type="checkbox"/> Immunizations | <input checked="" type="checkbox"/> Health records | <input checked="" type="checkbox"/> Attendance |
| <input checked="" type="checkbox"/> Transcript | <input checked="" type="checkbox"/> Current Withdrawal grades | <input checked="" type="checkbox"/> Achievement Test Scores |
| <input checked="" type="checkbox"/> Psychological records | <input checked="" type="checkbox"/> Discipline Records | |
| <input checked="" type="checkbox"/> Special education records including active IEP and current Diagnostic Summary | | |
| <input checked="" type="checkbox"/> Any documents or records to help us evaluate and better place the student in our educational setting. | | |
| Other _____ | | |

This information is requested for: Transfer of Student to this District / New Enrollment / Re-Enrollment

Federal Law 99.31 No parent signature is required for educational records sent to another educational agency.
In compliance with the Safe School Act, please include any information or statements concerning student's conduct or behaviors in reference to unlawful activities or violence and any information concerning the student's suspension and/or expulsion from your district.

APEX/MOCAP VIRTUAL LEARNING COURSES

Bakersfield High School uses APEX/MOCAP virtual learning courses as a way for credit recovery. Students are allowed to enroll in MOCAP. Many courses are available. Please visit the website at www.mocap.mo.gov. Please see the counselor for additional details. The enrollment process includes requesting a virtual course in the counselor's office. If you are denied enrollment into an online course, the decision may be appealed by getting an appeal form from the counselor or high school principal.

STUDENT INFORMATION (please complete all fields)Student's Name: _____
(First) (Middle) (Last) (Nickname)

Grade Level: _____ Date of Birth: _____ Gender: _____ County Student Resides In: _____

Race: (check more than one if applicable)

<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> White

Medicaid #: _____ Cell Phone: _____

Email Address: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Household Siblings (first & last names): _____

Place of Birth: _____
(State) (City) (County)**PARENT/GUARDIAN INFORMATION** (please list in order of contact preference)Parent/Guardian Name: _____
(First) (Last)Relationship to Student: _____ Educational Decision Maker? ☐ Yes ☐ NoContact Order (Please note only 1 & 2 will receive School Messenger calls): 1Send Post Office Mail Correspondence? ☐ Yes ☐ NoStudent Lives with Parent/Guardian? ☐ Yes ☐ NoLives with Parent/Guardian Days: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ SatMailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

(please list in order of contact preference)

Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____ Educational Decision Maker? ____ Yes ____ No

Contact Order (Please note only 1 & 2 will receive School Messenger calls): 2

Send Post Office Mail Correspondence? ____ Yes ____ No

Student Lives with Parent/Guardian? ____ Yes ____ No

Lives with Parent/Guardian Days: __Sun __Mon __Tue __Wed __Thu __Fri __Sat

Mailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION

(please list in order of contact preference)

Parent/Guardian Name: _____
(First) (Last)

Relationship to Student: _____ Educational Decision Maker? ____ Yes ____ No

Contact Order (Please note only 1 & 2 will receive School Messenger calls): 3

Send Post Office Mail Correspondence? ____ Yes ____ No

Student Lives with Parent/Guardian? ____ Yes ____ No

Lives with Parent/Guardian Days: __Sun __Mon __Tue __Wed __Thu __Fri __Sat

Mailing Address: _____ City: _____ State: _____ Zip: _____Physical Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Work Phone Extension: _____ Employer Name: _____

Email Address: _____

IF THERE IS A LEGAL PARENT/GUARDIAN WHO CANNOT PICK UP A STUDENT, THE COURT RECORD STATING SUCH MUST BE PLACED IN THE STUDENT'S PERMANENT FILE.

DO SUCH LEGAL RESTRICTIONS EXIST: ☐ Yes ☐ No

If yes, please furnish the Name of the Custodial Parent: _____

Has Legal Documentation Been Provided to the School? : ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION Please do not list parents/guardians in this section – they will be contacted first. Please list a minimum of 2 emergency contacts in case parents/guardians cannot be contacted.

Name: _____ Contact Order: 1
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ☐ Yes ☐ No

May Be Informed in Case of Illness? ☐ Yes ☐ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 2
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ☐ Yes ☐ No

May Be Informed in Case of Illness? ☐ Yes ☐ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 3
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ☐ Yes ☐ No

May Be Informed in Case of Illness? ☐ Yes ☐ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Contact Order: 4
(First) (Last)

Relationship to Student: _____ May Pick Up Student? ☐ Yes ☐ No

May Be Informed in Case of Illness? ☐ Yes ☐ No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

TECHNOLOGY INFORMATION

Do you have internet access at home: Yes No

If you have internet access, please circle which devices are available for your student's use:

Phone Tablet Desktop Laptop

Is there a cell phone signal at your home: Yes No

In order to register the student, the parent/guardian or court appointed legal guardian must provide proof of residency (the term residency means that a person both physically resides within a school district and is domiciled within the district). Note: A copy of the court document awarding guardianship must be presented. A power of attorney is no longer acceptable as per THE SAFE SCHOOLS ACT OF 1996.

Proof of Residency Provided: ☐

Utility Bill/Deposit Receipt: ☐

Real Estate Contract signed by all Parties: ☐

Rental Contract: ☐

Other, such as payroll check, driver's license, W-4 employment documents: ☐

Has the above named student had prior suspensions or expulsions from any other school for violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person? ____ Yes ____ No

If yes, furnish details: _____

DIRECTIONS TO YOUR HOME: _____

Bus Rider ☐ Car Rider ☐ Bus Driver's Name if Known: _____

Is Student Enrolled in Special Education or Services? ____ Yes ____ No

If yes, what subjects did student receive services in (i.e. Math, Reading, etc.)? _____

Student's diagnosis if known: _____

Does Student have an active Individual Education Plan (I.E.P.)? ____ Yes ____ No

Does Student have a 504 Plan? ____ Yes ____ No

Is Student Currently Enrolled in a Gifted Program? ____ Yes ____ No

Is Student Currently Enrolled in an A+ Program? ____ Yes ____ No

During the past 3 years, has either the parent or guardian, or the parent or guardian's spouse, or the child, or the child's spouse been employed (or are any of the aforementioned persons currently employed) in some form of temporary or seasonal agriculture or agriculture related work such as:

- Planting, harvesting or processing crops (vegetables, fruit or cotton, etc.)
- Transporting farm products to market
- Feeding or processing poultry, beef or hogs.
- Gathering eggs or working in hatcheries.
- Working on a dairy farm or a catfish farm.
- Cutting firewood or logs to sell.

____ Yes ____ No

Does the student use a language other than English?

____ Yes ____ No

Is a language other than English used in the home:

____ Yes ____ No

HOMELESS FORM

Homeless child (means person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

1. Currently living in a temporary housing arrangement or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? ____ Yes ____ No
Explain if it is a similar reason: _____

2. Currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? ____ Yes ____ No
If yes, please explain: _____

3. Currently residing in a shelter: ____ Yes ____ No

PARENT/SCHOOL INVOLVEMENT COMPACT

TEACHER/SCHOOL:

I understand the importance of the school experience to every student and my role as a teacher and model. Therefore, I agree to carry out the following responsibilities to the best of my ability.

1. Teach necessary concepts to your child.
2. Try to be aware of the needs of your child
3. Regularly communicate with you concerning your child's progress.

____ X ____ Yes

STUDENT:

I know my education is important to me. It will help me be a better person. I know my parents want to help me, but I am the one who has to do the work. Therefore, I agree to do the following:

1. Do my class work on time.
2. Attend school regularly.
3. Be responsible for my own behavior.
4. Put forth my best effort.

____ Yes ____ No

PARENT/CAREGIVER:

I realize that my child's years are very important. I also understand that my participation in my child's education will help his/her achievement and attitude. Therefore, I agree to carry out the following responsibilities to the best of my ability:

1. Go over my child's assignment with him/her.
2. Give my child a quiet place to study.
3. Make sure my child gets enough sleep each night.
4. Make sure my child is at school on time.
5. Spend at least 20 minutes each day reading with my child.
6. Participate in my child's education and encourage his/her effort.

____ Yes ____ No

Bakersfield R-IV Chromebook Policies and Procedures

The Chromebook device that has been issued to you is the property of Bakersfield R-IV School District. This Chromebook is on loan to the student and must be used in accordance with the following policies and procedures, the district's Acceptable Use Policy, and any applicable laws. Use of this Chromebook, as well as access to the Chromebook network, the Internet and email is a privilege and not a right. These items are provided for educational purposes only and are intended to support learning objectives of Bakersfield High School/Middle School.

Student Chromebook Use and Expectations

- Students and parents are financially responsible for any purposeful damage done to a Chromebook. Any violation of these rules that cause damage to the Chromebook will be the financial responsibility of the student and parents.
- Chromebooks stay at school and are for school use only. Students will pick up their Chromebook in their 1st period class, and return it to their 1st period class at the end of the day.
- In the event of your child being homebound, quarantined, Covid-19 positive, or if you choose the online option, your assigned Chromebook may be taken home for use with all school user rules applying.
- At the end of 3rd period, Middle school students will take their Chromebook to their 5th hour class and leave it at their assigned seat.
- Chromebooks may only log onto school Wifi.
- Use your school email only.
- Lower the lid when the teacher is talking.
- Only use your Chromebook in the classroom, in a clear, flat space.
- Chromebooks are not allowed in the bathroom, locker room or during lunch.
- Use your Chromebooks in the classroom only when instructed to use it.
- Do not visit pages or documents that are not directly related to your assignment.
- Web browsing is for educational/school use only.
- School-approved games are allowed only when teachers give permission to play them.
- Sound should be muted on Chromebook at all times. Use of your headphones is permitted, when granted by the teacher.
- In your classroom, carry your Chromebook with the lid closed using two hands.
- When moving between classrooms, carry your Chromebook with the lid closed using two hands.
- Do not place the Chromebook in your backpack.
- Never throw, slide, drop or press hard on your Chromebook.
- No food or drinks allowed near the Chromebook.
- Students have no expectation of privacy in the use of school Chromebooks including email, stored files, or Internet sites. Using Chromebooks to visit sites that are inappropriate and that do not meet the educational purposes of the program may result in the revocation of privileges.
- At the end of the day, return your Chromebook to the assigned charging station and shut it down.

We, the undersigned, do affirm that we are aware of and agree to follow the policies and procedures contained within the Bakersfield R-IV MS/HS Handbook & this Enrollment Form:

1. Homeless Form & Involvement Compact
2. Drug Testing Policy
3. Internet Policy
4. Technology (Parent/Student Portal) Policy
5. Chromebook Policies & Procedures
6. Free & Reduced Application
7. MS/HS Handbook
8. Directory Information
9. School Messenger: Please Check One

☐

Yes, I want to receive School Messenger

☐

No, I do not want to receive messages from School Messenger at this time

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Student Printed Name: _____

Student Signature: _____

Date: _____

1. Involvement Compact School Signature:



2. Drug Testing Consent

My Child and I have read and discussed the Bakersfield R-IV School District Drug Testing Policy. We understand that this is an effort by the district to prevent the use of illegal drugs. My child plans to participate in athletics or an extra-curricular activity. My child and I understand that to participate in these activities my child will be available for random drug tests throughout the school year. If my child tests positive we understand the steps that will be taken and the restriction that will be placed on my child.

Parent/Guardian Signature: _____

In accordance with law, the district strictly prohibits discrimination and harassment against employees, students or others on the basis of race, color, religion, sex, national origin, ancestry, disability, age, genetic information or any other characteristic protected by law.

BAKERSFIELD R-IV SCHOOL DISTRICT

2022-2023 HEALTH SUMMARY

Student Name: _____

Grade: _____ Date of Birth: _____ Gender: _____

Family Physician: _____ Phone #: _____

Please list any medical condition(s) your student has and date of diagnosis: _____

Current medication(s): _____

Will your student be taking medication at school? _____

Prescription medication given at school must be in the prescription bottle with a current date on the prescription label. A signed consent form must be signed before medication can be given at school.

If a health condition impacts P.E. participation we must have current documentation which list limitations from your physician.

Please list **ANY** allergies your student has: _____

Please list type of reaction the allergy causes: _____

Does this allergy require the use of an epi-pen? _____

Students who carry inhalers and epi-pens must have written order from their physician stating that they need to keep the inhaler or epi-pen on their person at all times and they have been properly instructed on how to use.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I AUTHORIZE HEALTH INFORMATION TO BE SHARED BETWEEN MY CHILD'S HEALTH PROVIDERS AND THE SCHOOL HEALTH SERVICE STAFF AS NEEDED. I UNDERSTAND THE INFORMATION GIVEN WILL BE SHARED WITH APPROPRIATE SCHOOL STAFF FOR MY CHILD'S HEALTH AND SAFETY AT SCHOOL. If either I or an authorized emergency contact person cannot be reached in the event of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible medical facility or physician. I understand I will assume full financial responsibility for any transport or emergency medical services rendered. I release Bakersfield R-IV School District and Bakersfield R-IV staff from any liability related to the administration of medication or treatment so long as reasonable care and customary care is provided.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Over the counter medication will be administered with signed parental consent.
Over the counter medication will not be given on a daily basis, or in excess of
recommended manufacturer's dosage, unless a physician statement is given to
the school with physician's ordered dosage.

The following over the counter medication will be given at school with parental permission. Please mark the OTC medications you give permission to be administered at school.

- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen
- _____ Antacid (Tums)
- _____ Pepto Bismol
- _____ Antihistamine (Benadryl, Zyrtec, Claritin)
- _____ Eye drops
- _____ Triple antibiotic ointment
- _____ Hydrocortisone cream (for itching)
- _____ Benadryl Cream
- _____ Antifungal cream (for ringworm)
- _____ Burn cream/Aloe gel
- _____ Orajel (toothache)
- _____ Cough drops

The above marked Over the counter medication may be administered to my child.

Parent/Guardian Signature: _____ DATE: _____

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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Does your child need health care coverage? MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines)

Who Is Eligible?

A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

MO HealthNet for Kids Non-SCHIP

- 196% Federal Poverty Level (FPL) for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL; and
- Child is uninsured

MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured; and
- Children in families with gross income over 150% FPL without access to affordable health insurance (from \$86 to \$216 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to ensure that no family pays more than 5% of their income for coverage.

To Apply:

- **On line** at mydss.mo.gov/healthcare. Please send an email to Cole.MHNPolicy@dss.mo.gov with subject line "School" to let us know to watch for your application.
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- **Request an application** from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- **Print an application** online at dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf. Please write "SCHOOL" at the top of the application.

INCOME GUIDELINES EFFECTIVE APRIL 1, 2022

Children under age 1 at 196% of the federal poverty level:	
Family Size	Income Limit*
1	\$2220
2	\$2991
3	\$3762
4	\$4533
5	\$5304

Children ages 1-18 at 148% of the federal poverty level:	
Family Size	Income Limit*
1	\$1677
2	\$2259
3	\$2841
4	\$3423
5	\$4005

150% of the federal poverty level:	
Family Size	Income Limit*
1	\$1699
2	\$2289
3	\$2879
4	\$3469
5	\$4059

300% of the federal poverty level:	
Family Size	Income Limit*
1	\$3398
2	\$4578
3	\$5758
4	\$6938
5	\$8118

*The Federal Poverty level changes in April.

¿Su hijo necesita cobertura de atención médica?

MO HealthNet para Menores quizás sea lo que necesita.

MO HealthNet para Menores es un programa que ofrece cobertura de atención médica a personas menores de 19 años de edad cuya familia percibe ingresos que cumplen ciertos criterios (observe el reverso de este documento para conocer los requisitos respecto a ingresos).

¿Quiénes pueden participar?

Toda persona:

- menor de 19 años de edad;
- que cuente con un número de seguro social, o que lo solicite;
- que habite en Missouri y no tenga la intención de abandonar el estado;
- que sea ciudadano estadounidense o inmigrante calificado que cumpla los requisitos (NOTA: la recepción de beneficios de MO HealthNet NO somete a los inmigrantes calificados a ser considerados como carga para el Estado);
- cuyo progenitor esté dispuesto a cooperar con la Unidad de Cumplimiento de Manutención Infantil (CSE) en la búsqueda de atención médica, y;
- que tenga un ingreso familiar computable que cumpla los requisitos respecto a ingresos.

MO HealthNet para Menores que no pertenecen al programa SCHIP

- 196% del nivel federal de pobreza, en el caso de menores de menos de 1 año de edad.
- 148% del nivel federal de pobreza, en el caso de menores de 1 a 18 años de edad.

MO HealthNet para Menores (con SCHIP) Sin Comisión

- Ingreso bruto familiar mayor al 148% del nivel federal de pobreza y hasta 150% del nivel federal de pobreza;
- El menor no está asegurado.

MO HealthNet para Menores (con SCHIP) Con Comisión

- Ingreso bruto familiar mayor al 150% del nivel federal de pobreza y hasta 300% del nivel federal de pobreza;
- El menor no está asegurado;
- Menores en familias con un ingreso bruto mayor al 150% del nivel federal de pobreza, sin acceso a un seguro médico asequible (de \$86 a \$216 mensuales, con base en el número de miembros y el ingreso de la familia) y se requiere que la familia pague una comisión mensual. Los costos de las comisiones se modifican en julio de cada año. La comisión se basa en el número de miembros y el ingreso de la familia para garantizar que ninguna familia pague más del 5% de su ingreso por cobertura.

Para tramitar su solicitud:

- **Por Internet** en mydss.mo.gov/healthcare. Por favor, envíe un correo electrónico a Cole.MHNPolicy@dss.mo.gov. En el asunto escriba "School" ("Escuela") para que le brindemos la debida atención a su solicitud.
- **Por teléfono**, al número 1-855-373-9994. Al comunicarse con un representante indique que se trata de una "School Application" ("Solicitud Escolar").
- **Pida un formulario de solicitud** al número 1-855-FSD-INFO (1-855-373-4636). Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.
- **Imprima un formulario de solicitud**, disponible en la página de Internet: dssmanuals.mo.gov/wp-content/uploads/2020/05/im-1sslsp.pdf. Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.

REVISADO EL 4/2022

REQUISITOS RESPECTO A INGRESOS; VIGENTES A PARTIR DEL 1 DE ABRIL DEL 2022

Menores de menos de 1 año de edad con 196% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$2220
2	\$2991
3	\$3762
4	\$4533
5	\$5304

Menores de entre 1 y 18 años de edad con 148% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$1677
2	\$2259
3	\$2841
4	\$3423
5	\$4005

150% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$1699
2	\$2289
3	\$2879
4	\$3469
5	\$4059

300% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$3398
2	\$4578
3	\$5758
4	\$6938
5	\$8118

*En caso correspondiente, el nivel federal de pobreza se modifica en abril.

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 Bakersfield R-IV 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 Bakersfield R-IV School @ 417-284-7333 ext 403 or email ycrabtree@bakersfield.k12.mo.us.

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 Bakersfield Elementary (PK-5th grade) or Bakersfield MS/HS (6th-12th grade) regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR 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:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

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 Ozark County Family Support Division in Gainesville, MO:417-679-4616
- Howell County Family Support Division in West Plains, MO:417-256-7121.
- 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
 - 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.

(Information follows on the reverse side.)

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.
- Infants, Children and students already listed in STEP 1.

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. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report earnings from work. Report all total gross 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.

Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

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.

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.

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.

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.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed Form to:
Bakersfield R-IV School
PO BOX 38
Bakersfield, MO 65609

Share children's racial and ethnic identities (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.

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

Date Received by LEA (LEA use only)

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name										MI	Child's Last Name										Building Name	Grade	Foster Child Runaway							
<p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p>																															

STEP 2

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

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

STEP 3

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

Are you unsure what income to include here?

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child income

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\$

B. All Adult Household Members (including yourself)

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

The "Sources of Income for Children" chart will help you with the Child Income section.

Name of Adult Household Members (First and Last)	How often?		
	Weekly	Bt-Weekly	2x Month
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Earnings from Work

	\$			

Pensions/Retirement/All Other Income

	\$			

Public Assistance/Child Support/Alimony

	\$			

How often?

Weekly	Bt-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Check if no SSN ☐

Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member.

X	X	X	X
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Total Household Members (Children and Adults)

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STEP 4 Contact information and adult signature

Mail Completed Form To: Bakersfield R-IV School- P.O. Box 38, Bakersfield, MO 65609

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult completing the form					Today's date

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐ Food Stamps/Temporary Assistance Household size: _____
 Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year
 Total income: _____

Eligibility: ☐Free ☐Reduced ☐Denied Reason:

Error Prone Application: ☐ Yes ☐ No (Optional – See FAQs) Determining Official's Signature: _____

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

Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

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. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other 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, 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 is 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Bakersfield R-IV School District** offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.15. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
For each add'l person add	+ 8,732	+ 728	+ 168

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 **Bakersfield R-IV School- Trudy Summers @417-284-7333 ext 306, tsummers@bakersfield.k12.mo.us**.

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: **Bakersfield R-IV School- 357 State Hwy O, P.O. Box 38, Bakersfield, MO 65609, 417-284-7333.**

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 **Bakersfield R-IV School-357 State Hwy O, P.O. Box 38, Bakersfield, Mo 65609, 417-284-7333, vcrabtree@bakersfield.k12.mo.us** immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. 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: **Bakersfield R-IV School- 357 State Hwy O, P.O. Box 38, Bakersfield, MO 65609, 417-284-7333, vcrabtree@bakersfield.k12.mo.us**.

10. 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.

11. 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.

12. 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.

13. 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, or receive Family Subsistence Supplemental Allowance payments, 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.

14. 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 **Bakersfield R-IV School- 357 State Hwy O, P.O. Box 38, Bakersfield, MO 65609, 417-284-7333, vcrabtree@bakersfield.k12.mo.us** to receive a second application.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

16. 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 www.bakersfield.k12.mo.us to begin or to learn more about the online application process. Contact **Bakersfield R-IV School- 357 State Hwy O, P.O. Box 38, Bakersfield, MO 65609, 417-284-7333, vcrabtree@bakersfield.k12.mo.us** if you have any questions about the online application.

If you have other questions or need help, call **417-284-7333**.

Sincerely,

Bakersfield R-IV School

USDA Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2022**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$17,667	\$1,473	\$340	\$25,142	\$2,096	\$484
2	23,803	1,984	458	33,874	2,823	652
3	29,939	2,495	576	42,606	3,551	820
4	36,075	3,007	694	51,338	4,279	988
5	42,211	3,518	812	60,070	5,006	1,156
6	48,347	4,029	930	68,802	5,734	1,324
7	54,483	4,541	1,048	77,534	6,462	1,492
8	60,619	5,052	1,166	86,266	7,189	1,659
Each add'l member	+ 6,136	+ 512	+ 118	+ 8,732	+ 728	+ 168

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

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

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

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

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

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

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

(Information follows on the reverse side.)

Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.