



2020-2021
Application for Attendance
Hiawatha Schools USD 415
Four Year Old At-Risk Preschool

Complete and return to:
 Hiawatha USD 415
 706 S 1st St. ~ P.O. Box 398
 Hiawatha, KS 66434

Note to Parents/Guardians: Your child is enrolled for care at a Pre-Kindergarten site that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the school is serving a variety of nutritious foods to your child and receiving reimbursement to assist with food costs. To meet program requirements, the school is required to have parents complete enrollment information annually for each child enrolled. This form will be placed in our files and treated as confidential information.

Child's First Name _____ Child's Last Name _____

Child's Date of Birth _____ Child's Gender: Male Female

Child lives with: Both Parents Father Mother Foster Parent(s) Other _____

Mother's Name _____ Mother's Date of Birth _____

Mother's Highest Education Level: High School Diploma GED Other _____

Marital Status: Married Divorced Separated Widowed Single

Street Address _____

Mailing Address _____

Home/Message Phone _____ Cell Phone _____ Work Phone _____

Father's Name _____ Father's Date of Birth _____

Father's Highest Education Level: High School Diploma GED Other _____

Marital Status: Married Divorced Separated Widowed Single

Street Address _____

Mailing Address _____

Home/Message Phone _____ Cell Phone _____ Work Phone _____

Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other) Do they have an IEP (Individual Education Plan)? Yes No

What language is spoken in your home? English Other _____

How did you hear about this program? _____

Does this Pre-K student have siblings enrolled in USD 415 for whom a Free/Reduced Meal Application has been completed? (Check One) Yes No

If yes, please list the names of siblings: _____

If the child has a case number for Food Stamps, TAF or FDPIR, please list here _____

Parent/Guardian Signature: _____

Date: _____

Approved Denied Notes_____

School Days: Monday through Thursday

Teacher:_____

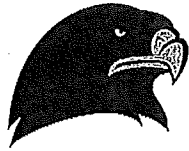
Time: AM Class (8:15 am - 11:15 am)

PM Class (12:15 pm – 3:30 pm)

**Snack served during class time

******Please also fill out the Free/Reduced Lunch Application**

This institution is an equal opportunity provider.



Hiawatha Unified School District No. 415

706 South First Street; P.O. Box 398

Hiawatha, Kansas 66434-0398

(785) 742-2224 Fax: (785) 742-2301



Dear Parent/Guardian:

Children need healthy meals to learn. Hiawatha USD 415 offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.**

| Meal Charges | Elementary | | Middle or Jr. High | | High School | |
|---|------------|---------------|--------------------|---------------|-------------|---------------|
| | Full Price | Reduced Price | Full Price | Reduced Price | Full Price | Reduced Price |
| <input checked="" type="checkbox"/> Lunch | 2.90 | .40 | 3.10 | .40 | 3.20 | .40 |
| <input checked="" type="checkbox"/> Breakfast | 1.30 | 0 | 1.40 | 0 | 1.40 | 0 |
| <input type="checkbox"/> After School Snack | | | | | | |

An application for free or reduced price meal benefits and a set of detailed instructions is included with this letter or available online at www.hiawathaschools.org. Contact Mary Clary, 785-742-2224, mclary@usd415.org with questions or to request an application be sent. 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 **Food Assistance (FA)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance for Families (TAF)** 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 | Yearly | Monthly | Weekly |
|-------------------------|--------|---------|--------|
| 1 | 23,606 | 1,968 | 454 |
| 2 | 31,894 | 2,658 | 614 |
| 3 | 40,182 | 3,349 | 773 |
| 4 | 48,470 | 4,040 | 933 |
| 5 | 56,758 | 4,730 | 1,092 |
| 6 | 65,046 | 5,421 | 1,251 |
| 7 | 73,334 | 6,112 | 1,411 |
| 8 | 81,622 | 6,802 | 1,570 |
| Each additional person: | 8,288 | 691 | 160 |

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 Lonnie Moser, 785-742-2224, lmoser@usd415.org.
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: Mary Clary, 706 S. 1st, Hiawatha, KS 66434, 785-742-2224, mclary@usd415.org.
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 Mary Clary, 706 S. 1st, Hiawatha, KS 66434, 785-742-2224, mclary@usd415.org immediately.

Letter to Household - 5/2020

Lonnie Moser, Superintendent
Tom Simmer, Board President
Ian Schuetz, Board Vice-President

Jeff Brockhoff, Board Member
Amy Kopp, Board Member
Keith Erdley, Board Member

John Wright, Board Member

5. CAN I APPLY ONLINE? Not Available , 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.hiawathaschools.org to begin or to learn more about the online application process. Contact Mary Clary, 706 S. 1st, Hiawatha, KS 66434, 785-742-2224, mclary@usd415.org if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **10-1-2020**. 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: Lonnie Moser, 706 S. 1st, Hiawatha, KS 66434, 785-742-2224, lmoser@usd415.org.
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 Mary Clary, 706 S. 1st, Hiawatha, KS 66434, 785-742-2224, mclary@usd415.org 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 Food Assistance (FA) or other assistance benefits, contact your local assistance office or call 1-888-369-4777.

If you have other questions or need help, call 785-742-2224.

Sincerely,



Mary Clary
USD 415 Food Service Director

This institution is an equal opportunity provider.

Letter to Household - 5/2020

2020-2021 Household Application for Free and Reduced Price School Meals

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

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." 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. | Child's First Name | MI | Child's Last Name | School | Grade | Student? Yes No | Foster Child | Homeless, Migrant, Runaway |
|---|--------------------|----|-------------------|--------|-------|--------------------|--------------------------|----------------------------|
| | | | | | | | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDP/IR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income \$ _____

Weekly: Bi-Weekly: 2x Month: Monthly:

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 total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | | | Public Assistance/Child Support/Alimony | | | Pensions/Retirement/All Other Income | | | | | |
|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Weekly | Bi-Weekly | 2x Month | Monthly | Weekly | Bi-Weekly | 2x Month | Monthly | Weekly | Bi-Weekly | 2x Month | Monthly |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN

STEP 4 Contact information and adult signature. Mail completed form to: USD 415, 706 S. 1st, P.O. Box 398, Hiawatha, KS 66434

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 signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

| Sources of Child Income | Example(s) |
|---|---|
| <ul style="list-style-type: none"> Earnings from work Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits Income from person outside the household Income from any other source | <ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust |

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report 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 payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for reduced price or free meals would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment.

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 you do not select race or ethnicity, one will be selected for you based on visual observation.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Asian
 Race (check one or more): American Indian or Alaskan Native 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 primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA) Temporary Assistance for Families (TAF) 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.

Do not fill out For School Use Only - Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ How Often (Circle One): W BW 2M M Multiples=Yearly Household Size: _____ Eligibility: Free OR Reduced Price OR Denied

Categorical Eligibility (FA, TAF, FDPIR, Foster) Notes: _____

Determining Official's Signature: _____ Approval/Denial Date: _____ Notification Date: _____

Processor's Initials: _____ Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

Sources of Income for Adults

| | | |
|--|---|---|
| <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing | <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits | <ul style="list-style-type: none"> Social Security (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 Regular cash payments from outside household |
|--|---|---|

For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040, Schedule 1. Add together the amounts reported on the following lines:

Schedule 1, Line 3 \$ _____ Business Income or (Loss)
 1040, Line 6 \$ _____ Capital Gain or (Loss)
 Schedule 1, Line 4 \$ _____ Other Gains or (Losses)
 Schedule 1, Line 5 \$ _____ Rental real estate, royalties, partnerships, S corporations, trusts, etc.
 Schedule 1, Line 6 \$ _____ Farm Income or (Loss)
 TOTAL \$ _____ Gross Annual Income Before Any Deductions.
 Computed Monthly Income \$ _____ Gross Annual Income ÷ 12 = Computed Monthly Income. Report in Step 3.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, 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

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Hiawatha Unified School District No. 415
 706 South First Street; P.O. Box 398
 Hiawatha, Kansas 66434-0398
 (785) 742-2266 Fax: (785) 742-2301



Consent for Disclosure
 Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

Yes, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.

Free Textbooks

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Child's Name: _____

School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call or e-mail:

School Official's Name: Mary Clary
mclary@usd415.org

Phone: 785-742-2266

E-Mail:

Return this form to the address below by _____.

Address: 706 S. 1st; P.O 398; Hiawatha, KS 66434

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