FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. PRAGUE PUBLIC SCHOOL offers 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 Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
   - Foster children who 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.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>963</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional person</td>
<td>8,177</td>
<td>682</td>
<td>341</td>
<td>315</td>
<td>158</td>
</tr>
</tbody>
</table>

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 have not been told your children will get free meals, please call or e-mail:
   BRANDY CHAVEZ 405-567-8588/ bchavez@prague.k12.ok.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:
   BRANDY CHAVEZ 405-567-8588/ bchavez@prague.k12.ok.us

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 BRANDY CHAVEZ 3504 NBU PRAGUE OK 74864/ 405-567-8588/ bchavez@prague.k12.ok.us immediately.

Breakfast Price: (Everyone) $1.25
Elementary Lunch: $2.15
Adult Lunch: $3.75
Adult Breakfast: $1.75
Middle School/High School Lunch: $2.30
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [BRANDY CHAVEZ]

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR, DO I NEED TO FILE 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 SEPTEMBER 1ST. 2019 or if you have submitted one with change of income etc. Contact BRANDY CHAVEZ ASAP if you do not know. 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 DO NOT 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 call or writing to: BRANDY CHAVEZ 3504 NBU PRAGUE OK 74864 405-567-8588

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A UNITED STATES (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 made only $900, put down that you made $1000 per month. If you normally get overtime, include it; do not include it if you work overtime only 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 IS NOT 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 [BRANDY CHAVEZ NBU 3504 PRAGUE OK 74864 405-567-8588 / bchavez@prague.k12.ok.us] to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.

If you have other questions or need help, call 405-567-8588.

Sincerely,

(BRANDY CHAVEZ)
**How to Apply for Free and Reduced Price School Meals**

1. Complete the form below and submit it to your school district.
2. Mail or fax the application to the school district.
3. Email or upload the completed application to [school/district email].

Complete the form below to apply for free or reduced price school meals.

**Required Information:**
- Name of Household Members
- Address of Household
- Income Information
- Number of Household Members
- Number of Children in School
- School District
- School Name
- Teacher Name
- Parent/Guardian Name

**Steps to Complete the Application:**

1. **Step 1:** Determine if you qualify for free or reduced-price meals.
   - Income Guidelines
   - Free Meal Eligibility
   - Reduced Meal Eligibility

2. **Step 2:** If you qualify, complete the application.
   - Household Information
   - Income Information
   - Number of Household Members
   - Number of Children in School

3. **Step 3:** Submit the application to the school district.
   - Email: [school/district email]
   - Mail or Fax: [school/district address]

**Important Notes:**
- Applications are available at [school/district website].
- Applications are accepted until the end of the school year.
- If you have any questions, contact [school/district contact information].
### Step 4: Report Income for All Household Members

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Reporting Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from Public Assistance (e.g., Medicaid)</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Income from Earned Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Business Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Child Support</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Alimony</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Social Security</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
</tbody>
</table>

#### 3.4 Report Income Earned by Children

- **Children** are defined as any individual who is under 18 years of age or is a full-time student up to 24 years of age.
- **Adults** should include all members of the household who are 18 years of age or older.

- **Include** income from employment, self-employment, rental of real property, and any other sources.
- **Exclude** income from public assistance, social security, and other non-taxable income.

#### 3.5 Income from Household Members

- **Household Members** are defined as any individual who resides in the household and contributes to the household's income.
- **Include** income from employment, self-employment, rental of real property, and any other sources.
- **Exclude** income from public assistance, social security, and other non-taxable income.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Reporting Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from Public Assistance (e.g., Medicaid)</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Income from Earned Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Business Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Child Support</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Alimony</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Social Security</strong></td>
<td>Include in total income for all household members.</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td>Include in total income for all household members.</td>
</tr>
</tbody>
</table>

#### 3.6 Income from Other Sources

- **Report** all income received, including income from self-employment, rental of real property, and any other sources.
- **Exclude** income from public assistance, social security, and other non-taxable income.

#### 4.2 Adjustments for Other Income

- **Adjust** income for any deductions or credits that apply.
- **Report** all income accurately to ensure eligibility.

#### 5.0 Reporting Instructions

- **Include** all sources of income in the application.
- **Exclude** income from public assistance, social security, and other non-taxable income.
- **Adjust** income for any deductions or credits that apply.

#### 6.0 Instructions

- **Include** all sources of income in the application.
- **Exclude** income from public assistance, social security, and other non-taxable income.
- **Adjust** income for any deductions or credits that apply.

#### 7.0 Reporting Instructions

- **Include** all sources of income in the application.
- **Exclude** income from public assistance, social security, and other non-taxable income.
- **Adjust** income for any deductions or credits that apply.

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**Note:** The information provided is a placeholder and is not intended to be comprehensive or accurate. For specific instructions, please refer to the official guidelines or application forms.
2020-2021 Household Application for Free and Reduced Price School Meals

Apply online:

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.

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>DOB</th>
<th>School Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

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

**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.

- Are you unsure what income to include here?
  - Flip the page and review the charts titled "Sources of Income" for more information.
  - The "Sources of Income for Children" chart will help you with the Child Income section.

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.

**STEP 4** Contact information and adult signature. Mail Completed Form To:

"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
### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- Parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from person outside the household</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance / Alimony / Child Support</th>
<th>Pension / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Salary, wages, cash bonuses</td>
<td>- Unemployment benefits</td>
<td>- Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Worker’s compensation</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>- Supplemental Security Income (SSI)</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td>- Alimony payments</td>
<td>- Child support payments</td>
<td>- Annuities</td>
</tr>
<tr>
<td>- Child support payments</td>
<td>- Veteran’s benefits</td>
<td>- Investment income</td>
</tr>
<tr>
<td>- Veteran’s benefits</td>
<td>- Strike benefits</td>
<td>- Earned Interest</td>
</tr>
<tr>
<td>- Basic pay and cash bonuses</td>
<td>(do NOT include combat pay, FSSA or privatized housing allowances)</td>
<td>- Rental Income</td>
</tr>
<tr>
<td>- Allowances for base housing, food and clothing</td>
<td>- Social Security from outside household</td>
<td>- Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

### Children’s Racial and Ethnic Identities

- Hispanic or Latino
- Not Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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 serving our community. Responding to this section is optional and does not affect your children’s eligibility for free or reduced price meals.

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 award 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 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 laws 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:

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

- Fax: (202) 690-7442 or

- Email: program.intake@usda.gov

This institution is an equal opportunity provider.

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**Do not fill out For School Use Only**

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

**Total Income**

**Household Size**

**Categorical Eligibility**

**Determining Official’s Signature**

**Confirming Official’s Signature**

**Verifying Official’s Signature**

**Eligibility:**

**Date**
Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, *the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to*. Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

☐ *No! I DO NOT* want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked *No*, fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>School</th>
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<tr>
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</tbody>
</table>

Signature of Parent/Guardian: __________________________ Date: __________

Printed Name: ______________________________________

Address: __________________________________________

For more information, you may call your child’s school.