

Dear Parent/Guardian:

*Children need healthy meals to learn. **Bentonville Public Schools** offers healthy meals every school day. Breakfast cost \$1.40; lunch cost \$2.20 (K-6) & \$2.45 (7-12). Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.*

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household (foster children must have individual applications). We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Bentonville Public Schools Nutrition Services, 400 NW 2<sup>nd</sup> Street, Bentonville, AR 72712, 479-254-5045.**

**2. Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call **Suzanne Nicholas, 479-254-5019** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **479-254-5045** if you have questions.

**6. My child's application was approved last year. Do I need to fill out another 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 free meals for the new school year.

**7. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**8. Will the information I give be checked?** Yes, we may ask you to send written proof.

**9. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP (food stamps) or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**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: **Mary Denny, 400 NW 2<sup>nd</sup> Street, Bentonville, AR 72712, 479-254-5045. If you still do not agree with this decision you may contact Dr. Gary Compton, 500 Tiger Blvd., Bentonville, AR 72712, 479-254-5000.**

**11. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**12. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**13. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**14. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include the Department of Defense's Family and Subsistence Supplemental Allowance (FSSA) as income. All other allowances must be included in your gross income.

**15. My spouse is deployed to a combat zone. Is the combat pay counted as income?** No, if the combat pay is received in addition to the basic pay because of the deployment and it wasn't received before the deployment combat pay is not counted as income. Contact your school for more information.

16. The free and reduced lunch statistics allow our schools to receive technology funding from the federal government. It provides access to the Internet and distance learning services. Please help us by returning this form.

If you have other questions or need help, call **479-254-5045.**

*Si necesita ayuda, por favor llame al teléfono: 479-254-5045.*

*Si vous voudriez d'aide, contactez nous au numero: 479-254-5045.*

Sincerely,  
**Mary Denny**  
**Nutrition Services Manager**

## INSTRUCTIONS FOR APPLYING

**If your household gets receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a SNAP (food stamp) case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

**Part 6:** If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Check the box and list the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is not necessary.

**Part 5:** Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

**Part 6:** If the household does not want the student's eligibility information shared with Medicaid or ARKids 1st then check this box.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Skip this part.

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

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). Do not include the Department of Defense's Family and Subsistence Supplemental Allowance (FSSA) as income. In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

**Part 5:** Answer this question if you choose to. Mark one box for racial identity and one box for ethnic.

**Part 6:** If the household does not want the student's eligibility information shared with Medicaid or ARKids 1<sup>st</sup> then check this box.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school at this district (First, Middle Initial, Last)	School Name	Grade	Household SNAP* (formerly food stamp) case # (if any). <b>Skip to Part 4 if you list a SNAP* case #</b>  (This is a 9 digit number)  _____ - _____ - _____

**Part 2. Foster Child:** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4. Check if no income

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List everyone in household)	B. Gross income and how often it was received				C. Check if NO income
	<i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				
	Earnings from work before deductions Income / How often	Welfare, child support, alimony Income / How often	Pensions, Social Security, SSI, Retirement, VA benefits Income / How often	All Other Income Income / How often	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Print Name: \_\_\_\_\_  I do not have a Social Security Number  
 Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Part 5. Children's racial and ethnic identities. Mark one box in each category (optional).**

<p><b>Choose one or more (regardless of ethnicity):</b></p> <p><input type="checkbox"/> Asian                                      <input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p>	<p><b>Choose one ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>
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**Part 6. Disclosure (Optional)**

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ARKids 1<sup>st</sup>).

**Don't fill out this part. 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**

**Total Income:** \_\_\_\_\_ **Per:** \_\_\_\_\_ **Week,** \_\_\_\_\_ **Every 2 Weeks,** \_\_\_\_\_ **Twice a Month,** \_\_\_\_\_ **Month,** \_\_\_\_\_ **Year**

**Household size:** \_\_\_\_\_ **SNAP\* (food stamps):** \_\_\_\_\_ **Categorically Eligible:** \_\_\_\_\_ **Date Withdrawn:** \_\_\_\_\_

**Eligibility:** Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Temporary:** Free \_\_\_\_\_ Reduced \_\_\_\_\_ **Time Period:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (expires after \_\_\_\_\_ days)

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

<b>FEDERAL INCOME CHART</b>			
For School Year 2010-2011			
Household size	Yearly	Monthly	Weekly
1	\$ 20,036	\$ 1,670	\$ 386
2	\$ 26,955	\$ 2,247	\$ 519
3	\$ 33,874	\$ 2,823	\$ 652
4	\$ 40,793	\$ 3,400	\$ 785
5	\$ 47,712	\$ 3,976	\$ 918
6	\$ 54,631	\$ 4,553	\$ 1,051
7	\$ 61,550	\$ 5,130	\$ 1,184
8	\$ 68,469	\$ 5,706	\$ 1,317
Each additional person:	\$ 6,919	\$ 577	\$ 134

**\*SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

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**Privacy Act Statement: This explains how we will use the information you give us.**

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 social security number of the 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 Supplemental Nutrition Assistance Program (SNAP) case number 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”