

KUNA JT. SCHOOL DISTRICT NO. 3

1450 BOISE STREET
KUNA, IDAHO 83634
Phone: (208)922-1000
FAX: (208)922-5646
www.kunaschools.org

Jay W. Hummel
Superintendent

Wendy Johnson
Administrator of Student Services

IMPORTANT PARENT INFORMATION

- You must fill out a new application EACH year.
- Applications from the prior year are only valid for the first 30 days of the current school year.
- You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving temporary assistance.
- All household members and students (including kindergarteners) need to be on one application.
- Please use students name as they are registered at school.

- **Application can not be processed if it is not complete, including signature and date.**

Breakfast is free to all Students in the Kuna School District.

Elementary

LUNCH: Paid: \$1.95
Reduced: \$.40

MILK: ½ Pint: \$.35

Kuna Middle School & Kuna High School

LUNCH: Paid: \$2.20
Reduced: \$.40

MILK: ½ Pint: \$.35
Pint: \$.70

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) 720-5964 (TTY).

USDA is an equal opportunity provider and employer.

Sincerely,

Valdeen Swanson
Kuna School Child Nutrition Supervisor
1450 Boise Street
Kuna ID 83634
208-922-1101

APPLICATION INSTRUCTIONS FOR FREE AND REDUCED MEALS

To apply for free and reduced price meals, complete the application using the instructions for your household. Sign the application and return it to the school. Call the school if you need help: # **208 922-1101**

PART 1 - STUDENT INFORMATION: All Households complete this part.

- (1) Print the name(s) of the child(ren) you are applying for and list the children's grade and school.
-

PART 2 - HOUSEHOLDS ON FOOD STAMPS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), OR TEMPORARY ASSISTANCE FOR FAMILIES IN IDAHO (TAFI):

Complete PART 1 and PART 5 only.

- (1) Print the name of the children you are applying for and list a current food stamp, FDPIR, or TAFI case number for each child. An EBT or Quest card number is not allowed.
- (2) An adult household member must sign in PART 5. A social security number is not required.

SKIP PART 4.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD: Complete this part and PART 5 - A foster child is the legal responsibility of a welfare agency or court.

- (1) List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. **SKIP PART 4** - Do not list any other children, household members or income.
- (2) A foster parent or other official representing the child must sign the application in PART 5. A social security number is not required for foster parents.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 4 - ALL OTHER HOUSEHOLDS: Complete this part and PART 5.

- (1) Write the names of everyone in your household not listed in PART 1. Include yourself, all other children and children with income, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of income each household member got last month, before taxes or anything else is taken out, how often it is received (weekly, monthly, etc.) and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income. If anyone listed in this section had no income, check the "No Income box."
 - (3) An adult household member must sign the application and give his/her social security number in PART 5.
-

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part:

- (1) All applications must have the signature of an adult household member;
 - (2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, place a checkmark in the box to indicate that the adult does not have a social security number. If you listed a food stamp, FDPIR, or TAFI number for your child or if you are applying for a foster child, a social security number is not needed.
-

PART 6 - RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identify question if you wish. You are not required to answer this question to get free or reduced price meals. We need this information to make sure that everyone is treated fairly.

INCOME TO REPORT

Earnings From Work

Wages/salaries/tips
Strike benefits
Worker's compensation
Unemployment Compensation
Net income from self-owned business or farm

Pensions/Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest Dividends
Income from estates/trusts/
investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support received

**LETTER TO HOUSEHOLDS – FREE & REDUCED
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

The Kuna School District serves meals each school day. Children may buy lunch for \$1.95 (K-6) \$2.20 (7-12) and breakfast for \$0.00 (free). Families submitting an approved application can receive meals free or at a reduced price. The School Breakfast Program (SBP) is a federally assisted meal program. It provides nutritionally balanced, low-cost or free breakfasts to 7.4 million children each school day throughout the country. The program was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors.

If you now receive food stamps, TAFI, or FDPIR for your child, your child can receive free meals. If your total household income is the same or less than the amounts on the Income Chart below, your child can receive free meals or reduced price meals. A foster child may receive free or reduced price meals regardless of your income. The reduced price is \$0.40 for lunch and \$0.00 (free) for breakfast. If your child has a disability requiring food substitution, please request the form "Medical Statement to Request Special Meals and/or Accommodations" from the School Lunch manager for your doctor to complete.

TO RECEIVE FREE OR REDUCED PRICE MEALS FOR YOUR CHILD, YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

HOW TO APPLY

If you now receive food stamps, TAFI*, or FDPIR* for the child you are applying for, the application must have the child's name, a food stamp, TAFI, or FDPIR case number for each child, and the signature of an adult household member. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, (such as for clothing, school fees, and allowances; and all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs) and an adult signature. If you do not list a food stamp, TAFI, or FDPIR case number for the child you are applying for, eligibility will be based on household income. This application must have the child's name, the names of all household members, the amount of income each person receives, where it came from, and how often it is received. The signature of an adult household member and that adult's social security number are required. If the adult does not have a social security number, check the box.

*TAFI - Temporary Assistance for Families in Idaho

*FDPIR - Food Distribution Program on Indian Reservations

| INCOME CHART | | | |
|---|--------|---------|--------|
| Effective July 1, 2009 to June 30, 2010 | | | |
| Household Size | Annual | 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 |
| For each additional member add | +6,919 | +577 | +134 |

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Name Jay W. Hummel, Superintendent, Phone 208 922-1000

Address 1450 Boise St. Kuna, Idaho 83634

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA Child Nutrition Meals.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps, TAFI, or FDPIR for your child, complete an application then.

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.

We will let you know when your application is approved or denied.

Sincerely,

Valdeen Swanson

FY 2009-10 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS ONE APPLICATION PER HOUSEHOLD

IF YOU RETURN A DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPİR TO YOUR CHILD'S SCHOOL YOU DO NOT NEED TO FILL OUT THIS FORM.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Please call the following number if you need help: 208 922-1101

| <p>1 STUDENT INFORMATION – Please print.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">STUDENTS NAME</th> <th style="width: 15%;">GRADE</th> <th style="width: 25%;">NAME OF SCHOOL</th> <th style="width: 15%;">FOOD STAMP CASE NO. IF APPLICABLE</th> <th style="width: 15%;">TAFI/FDPİR CASE NO. IF APPLICABLE</th> </tr> </thead> <tbody> <tr><td>1 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>2 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>3 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>4 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>5 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>6 _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | STUDENTS NAME | GRADE | NAME OF SCHOOL | FOOD STAMP CASE NO. IF APPLICABLE | TAFI/FDPİR CASE NO. IF APPLICABLE | 1 _____ | _____ | _____ | _____ | _____ | 2 _____ | _____ | _____ | _____ | _____ | 3 _____ | _____ | _____ | _____ | _____ | 4 _____ | _____ | _____ | _____ | _____ | 5 _____ | _____ | _____ | _____ | _____ | 6 _____ | _____ | _____ | _____ | _____ | <p>2 List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.</p> |
|---|---------------|----------------|--------------------------------------|--------------------------------------|--------------------------------------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|---|
| STUDENTS NAME | GRADE | NAME OF SCHOOL | FOOD STAMP CASE NO. IF APPLICABLE | TAFI/FDPİR CASE NO. IF APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3 FOSTER CHILD: Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4 HOUSEHOLD MEMBERS AND INCOME: List all members not listed above. If you listed a food stamp, TAFI, or FDPİR number for each child, skip Part 5.

| List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box. | Earnings from Work Before Deductions | | Welfare, Child Support, Alimony Received | | Pensions, Retirement, Social Security | | All Other Income | | |
|--|--------------------------------------|-----------|--|-----------|---------------------------------------|-----------|------------------|-----------|------------|
| | NO INCOME | How much? | How often? | How much? | How often? | How much? | How often? | How much? | How often? |
| 1 | <input type="checkbox"/> | | | | | | | | |
| 2 | <input type="checkbox"/> | | | | | | | | |
| 3 | <input type="checkbox"/> | | | | | | | | |
| 4 | <input type="checkbox"/> | | | | | | | | |

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. **If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.**

CHECK HERE: If children listed on the application are new to this school or did not receive free and reduced meals last year.

SOCIAL SECURITY NUMBER*

- -

I do not have a Social Security Number

X _____
Signature of Adult Household Member

Printed Name of Above Signature _____ Home Phone No. _____ Work Phone No. _____

Street/Apt. Number _____ P. O. Box No. _____

City _____ State _____ Zip _____ Date Signed _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

ASIAN
 WHITE
 BLACK OR AFRICAN AMERICAN
 AMERICAN INDIAN OR ALASKA NATIVE
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 OTHER

Mark one ethnic identity:

HISPANIC OR LATINO
 NON HISPANIC OR LATINO

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 Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPİR) case number or other FDPİR 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 review, and law enforcement officials to help them look into violations of program rules.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

| | | |
|--|--|---|
| <p>ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12</p> <p><input type="checkbox"/> FOOD STAMP/TAFI/FDPİR HOUSEHOLD</p> <p><input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____</p> <p>Household size: _____</p> | <p>DENIED:</p> <p><input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other</p> | |
| <p>TEMPORARY APPROVAL FOR:</p> <p><input type="checkbox"/> Free Meals, expires _____</p> <p><input type="checkbox"/> Reduced-Price Meals, expires _____</p> | <p>APPROVED FOR:</p> <p><input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> WITHDRAWAL DATE _____</p> | <p>VERIFICATION RESULTS:</p> <p><input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free</p> <p><input type="checkbox"/> Ineligible (Reason) _____</p> <p>Signature of Confirming Official _____</p> |
| <p>Signature of Determining Official: X _____</p> <p>Date Sent: _____</p> | <p>Signature of Verifying Official: X _____</p> <p>Date 1st Notification Sent: _____</p> | <p>Date _____</p> <p>Date 2nd Notification Sent: _____</p> |