FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Fort Gibson Public Schools offers healthy meals every school day. Breakfast costs $1.50 Elem. $1.75 MS/HS; lunch costs $2.25 Elem. $2.50 MS/HS. Your children may qualify for free meals or for reduced-price meals. Reduced-price is $0.30 for breakfast and $0.40 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>23,606</td>
<td>1,968</td>
<td>984</td>
<td>908</td>
<td>454</td>
</tr>
<tr>
<td>2</td>
<td>31,894</td>
<td>2,658</td>
<td>1,329</td>
<td>1,227</td>
<td>614</td>
</tr>
<tr>
<td>3</td>
<td>40,182</td>
<td>3,349</td>
<td>1,675</td>
<td>1,546</td>
<td>773</td>
</tr>
<tr>
<td>4</td>
<td>48,470</td>
<td>4,040</td>
<td>2,020</td>
<td>1,865</td>
<td>933</td>
</tr>
<tr>
<td>5</td>
<td>56,758</td>
<td>4,730</td>
<td>2,365</td>
<td>2,183</td>
<td>1,092</td>
</tr>
<tr>
<td>6</td>
<td>65,046</td>
<td>5,421</td>
<td>2,711</td>
<td>2,502</td>
<td>1,251</td>
</tr>
<tr>
<td>7</td>
<td>73,334</td>
<td>6,112</td>
<td>3,056</td>
<td>2,821</td>
<td>1,411</td>
</tr>
<tr>
<td>8</td>
<td>81,622</td>
<td>6,802</td>
<td>3,401</td>
<td>3,140</td>
<td>1,570</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>8,288</td>
<td>691</td>
<td>346</td>
<td>319</td>
<td>160</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 Scott Farmer @ s_farmer@fortgibson.tigers.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: Connie Melton, 500 S Ross, 918-478-2191

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 Connie Melton, 500 S Ross, 918-478-2191, c_melton@fortgibson.schools.org immediately.
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 NA to begin or to learn more about the online application process. Contact NA 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’s year, through September 24, 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 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: Scott Farmer 500 S Ross Fort Gibson, Ok 74434 918-478-2474 s_farmer@fortgibontigers.org

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 (Connie Melton at 500 S Ross Fort Gibson, Ok 74434 918-478-2191 c_melton@fortgibontigers.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 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 918-478-2191

Sincerely,

(Connie Melton)
**STEP 1: LIST HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AGE 12**

**INCLUDING CHILDREN 12-18**

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

**HINTS & TIPS FOR SUCCESS:**
- Double-check your work before submitting the application.
- Make sure all information is accurate and complete.
- If you are applying for free or reduced-price meals, make sure you fill out the appropriate section.
- If you have questions, contact your school district's food services department.

**HERE IS WHAT YOU NEED TO KNOW ABOUT:***
- **Free and Reduced Price Meals:** These programs are available to students who meet certain eligibility criteria.
- **Application Process:** The application process is easy and can be completed online or in person.
- **Deadline:** Deadlines for applications vary by school district. Be sure to check your district's website for specific dates.

**How to Apply for Free and Reduced Price School Meals**

1. **Collect all necessary information:***
   - Income and payment information
   - Information about children in the household
2. **Complete the application form:***
   - Fill out all required fields
3. **Submit the application:***
   - Submit the application to your child's school or by mail
4. **Wait for notification:***
   - You will receive notification of your eligibility status

**Questions? Contact your school district's food services department.**
Step 3: Report Income for All Household Members

(3) Report total household size after the total number of household members has been included in Step 1 and Step 2. If there are any members of the household that are not related by blood, this number should be equal to the number of household members in the household members table, which includes all members in the household. If this number is not equal to the number of household members in the household members table, you will report your income separately.

(3A) Report earnings from work. Report all income from work in the household, including income from employment and self-employment. This is calculated by subtracting the total operating expenses from the gross income. If you are self-employed, report income from that work as net income.

(3B) Report all income from public assistance/child support/Alimony. This includes income received from child support or alimony, whether or not they are included in the reported earnings from work. If you receive income from public assistance/child support/Alimony, report all such income.

(3C) Report all other income. This includes any income not reported in the other sections. Include all income not recorded elsewhere in the application, including any income that is not taxable or that is not included in the report of household income.

(3D) Report all other income. This includes any income not reported in the other sections. Include all income not recorded elsewhere in the application, including any income that is not taxable or that is not included in the report of household income.

How do I report my income?
### 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.

| A) 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. | B) 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.” | C) Mail Completed Form to: Insert School/District address here | D) 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. |
SHARING INFORMATION WITH MEDICAID/SOONERCARE

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:

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 your child’s school.
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).

<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>
<tr>
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</tr>
</tbody>
</table>

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.

**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)

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 $ ________

How often? 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 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.

<table>
<thead>
<tr>
<th>Name of Adult Household Member (First and Last)</th>
<th>Earnings from Work</th>
<th>Public Assistance/Child Support/Alimony</th>
<th>Persons/Roommates/All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly Bi-Weekly 2x Month Monthly</td>
<td>Weekly Bi-Weekly 2x Month Monthly</td>
<td>Weekly Bi-Weekly 2x Month Monthly</td>
</tr>
<tr>
<td></td>
<td>$ ________</td>
<td>$ ________</td>
<td>$ ________</td>
</tr>
</tbody>
</table>

Total Household Members (Children and Adults) ________

Last Four Digits of Social Security Number (SSN) of Primary Wage Earning or Other Adult Household Member ________

**STEP 4** Contact information and adult signature. Mail Completed Form To: Fort Gibson Schools 505 S Ross Fort Gibson, OK 74434

"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 ________

Dysline Phone and Email (optional) ___________________________

Printed name of adult signing the form ___________________________

Signature of adult _______________________________________

Today's date ___________
Sources of Income for Children

Sources of Child Income

- Earnings from work
  - A child has a regular full or part-time job where they earn a salary or wages
- Social Security
  - Disability Payments
  - Survivor's Benefits
  - 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
- Income from person outside the household
  - A friend or extended family member regularly gives a child spending money
- Income from any other source
  - A child receives regular income from a private pension fund, annuity, or trust

Example(s):

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military:

- Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Sources of Income for Adults

Public Assistance / Alimony / Child Support

- 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

Pensions / Retirement / All Other Income

- 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

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.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.) should contact the Agency (State or local) where they apply 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.htm, and at any USDA office. 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

- Email: program.intake@usda.gov

This institution is an equal opportunity provider.

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

How often?

Household Size

Categorical Eligibility

Eligibility:

- Free
- Reduced
- Benched

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date