

Dear Parent/Guardian:

Children need healthy meals to learn. **Post Falls Public Schools** offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. 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.

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in District 273. The application must be filled out completely to certify your children for free or reduced price meals. **PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one name per line. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **Is the child a student in Post Falls Public Schools?** Mark 'Yes' or 'No' under the column provided to tell us which children attend PF Public Schools.
- C) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- **Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application. Leave STEP 2 blank.**
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- **Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **Idaho Department of Health & Welfare. You must provide a case number on your application if you circled "YES". Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) **Report all income earned by children.** Child income is money received from outside your household that is paid **directly** to your children.
- B) **List Adult Household member's name.** Print the name of each household member in the boxes marked "Names of Household Members (First and Last)." **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.
- Report all amounts in **gross income** only. (Gross income is the total income received **before taxes or deductions.**) Report all income in whole dollars. Do not include cents.
 - Write a "0" in any fields where there is no income to report. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
 - Mark how often each type of income is received using the check boxes to the right of each field.
- C) **Report earnings from work.** This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your **net** income.
- D) **Report income from Public Assistance/Child Support/Alimony.** If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.
- E) **Report income from Pensions/Retirement/All other income.**
- F) **Report total household size.** Enter the number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- G) **Provide the last four digits of your Social Security Number (SS#).** The household's primary wage earner or another adult household member must enter the last four digits of their SS# in the space provided. You are eligible to apply for benefits even if you do not have a SS#. If no adult household members have a SS#, leave the space blank and mark the box to the right.

STEP 4: CONTACT INFORMATION AND ADULT REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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) **Sign and print your name.** Print your name in the box and sign your name in the box provided.
- C) **Write Today's Date.** In the space provided, write today's date.

OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

This field is optional and does not affect your children's eligibility for free or reduced price school meals.

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. 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 at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410; by fax (202) 690-7442; or email at program.intake@usda.gov.

This institution is an equal opportunity provider.

Income Chart (before deductions) Effective July 1, 2018 to June 30, 2019			
Household Size	Annual	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional person add	+ 7,992	+ 666	+ 154