

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?

- **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.
- **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

Sources of Child Income	Examples
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 a 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

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Salary, wages, cash bonuses	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Net income from self-employment (farm or business)	Worker's compensation	Private pensions or disability benefits
If you are in the U.S. Military:	Supplemental Security Income (SSI)	Regular income from trusts or estates
- Basic pay and cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances)	Cash assistance from state or local government	Annuities
	Alimony payments	Investment income
	Child support payments	Earned interest
	Veteran's benefits	Rental income
- Allowances for off-base housing, food and clothing	Strike benefits	Regular cash payments from outside household

- Report all amounts in GROSS INCOME ONLY. Gross income is the total income received before taxes and 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. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

- A) **Report all income earned by children.** Report the combined gross income for ALL children listed in Step 1 in your household in the box marked "Child Income". Only report foster children's income if you are applying for them together with the rest of your household.
- B) **List Adult Household member's name.** Print the names of ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. Do not include infants, children and students already listed in STEP 1 or people who live with you but are not supported by your household's income AND do not contribute income to your household.
- 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 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 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.