



# DEPTFORD TOWNSHIP BOARD OF EDUCATION

890 Bankbridge Road, Suite 100 • Sewell, NJ 08080  
(856) 232-2700 Fax: (856) 227-7473  
[www.deptfordschools.org](http://www.deptfordschools.org)

**Heather Jackson**  
Assistant Superintendent  
Chief Academic Officer

**Kevin M. Kanauss**  
Superintendent

**Robert Delengowski**  
Interim Business Administrator  
Board Secretary

September 13, 2023

Dear Spartan Family,

Deptford Township Schools' breakfast and lunch program is in place to provide healthy meals to students during the school day. Nutrition plays a key role in the healthy development of our youth, providing the body and mind with the energy needed to grow, feel well, be active, stay healthy and learn.

In order to serve healthy, high-quality meals to all our Spartans, we must make sure we are financially secure. You play a key role in this effort, and are responsible for purchases made by your child(ren) in our school cafeterias. Our district is committed to providing these meals for students daily. However, the district has encumbered a huge financial burden from families failing to pay their meal balances for their scholars. Such financial losses impact our programs, staff, and supplies for students.

With this in mind, the Board of Education recently amended District policy #8550 – Outstanding Food Service Charges (attached for your reference). Parents/Guardians must plan to settle outstanding balances, or the result will be alternate meal offerings until the balance is paid. The table in the policy gives a breakdown on how student meals and activities are impacted once a student reaches a \$50 or more balance due. Please note: alternative meals are still charged to student accounts. **Parents and guardians (not students) will be contacted and collection agencies may be enlisted for excessive balances.**

We understand life does not always offer a smooth road. When facing financial difficulty, we all wish to minimize the effects on our children. We recognize the financial burden many families experience, and offers benefits to qualified families through the established USDA program. These benefits do not carry over year to year; **you must re-apply each school year.** Failure to re-qualify each school year places the financial obligation back on the family. The application for this program is attached to this letter.

You may send in cash or checks to the school your child(ren) attends or you may use our online payment system at [www.schoolpaymentportal.com](http://www.schoolpaymentportal.com). **Please note this is a change from our previous online payment system—registration instructions are attached.** Please contact our Business Office at (856) 232-2700 ext. \*3008 if you have questions.

Very respectfully,

Kevin Kanauss  
Superintendent

**District Policy 8550 - OUTSTANDING FOOD SERVICE CHARGES**

Section: Operations

Date Created: October 2015

Date Edited: September 2023

The Board of Education understands a student may forget to bring breakfast or lunch, as applicable, or money to purchase breakfast or lunch to school on a school day. When this happens, the food service program will provide the student with breakfast or lunch with an expectation payment will be made the next school day or shortly thereafter. However, there may be circumstances when payment is not made and a student’s school breakfast/lunch bill is in arrears. The school district will manage a student’s breakfast or lunch bill that is in arrears in accordance with the provisions of N.J.S.A. 18A:33-21 and this Policy.

In the event a student’s school lunch or breakfast bill is in arrears, the Principal or designee shall contact the student’s parent to provide notice of the amount in arrears and shall provide the parent a period of ten school days to pay the full amount due. If a student exceeds \$50 or more for their breakfast/lunch account balance, please refer to the table below for guidelines for students in accordance with Policy 5850. If the student’s parent does not make full payment to the Principal or designee by the end of the ten school days, the Principal or designee shall again contact the student’s parent to provide a second notice that their child’s lunch or breakfast bill is in arrears. If payment in full is not made within one week from the date of the second notice, the student will be provided a basic lunch that will contain the essentials in balanced nutritional selections as prescribed by the Bureau of Child Nutrition Programs, New Jersey Department of Agriculture beginning the eighth calendar day from the date of the second notice.

Exhibit 1. Guidelines for students based on school-level

	<b>Breakfast</b>	<b>Lunch</b>	<b>Activities</b>
<b>Early Childhood (PreK - K)</b>	No cut off	\$50 – Basic lunch	Field Trips Report Cards
<b>Elementary (Gr. 1-5)</b>	\$50 – No breakfast	\$50 – Basic lunch	Field Trips Report Cards Dances
<b>Secondary (Gr. 6-12)</b>	\$50 – No breakfast	\$50 – No lunch	Field Trips Report Cards Proms/Dances Graduation

A parent who has received a second notice their child’s lunch or breakfast bill is in arrears and who has not made payment in full within one week from the date of the second notice will be requested to meet with the Principal or designee to discuss and resolve the matter.

A parent’s refusal to meet or take other steps to resolve the matter may be indicative of more serious issues in the family or household. In these situations, the Principal or designee shall consult with and seek necessary services from both the County Board of Social Services and the Department of Children and Families, Division of Child Protection and Permanency, as appropriate.

When a parent’s routine failure to provide breakfast or lunch is reasonably suspected to be indicative of child abuse or neglect, the Principal or designee shall immediately report such suspicion to the Department of Children and Families, Division of Child Protection and Permanency as required in N.J.S.A. 9:6-8.10. Such reporting shall not be delayed to accommodate a parent’s meeting with the Principal or designee.

The provisions of N.J.S.A. 18A:33-21 and this Policy will be made available to parents of all children in the school district in a manner as determined by the Superintendent.

N.J.S.A. 18A:33-21

Adopted: 26 October 2015; 28 June 2016; 18 July 2023

ONLINE LUNCH PAYMENTS – 2023-2024

**We are phasing out our previous online system and will use a new portal for school lunch payments:**

\*\*\* [www.schoolpaymentportal.com](http://www.schoolpaymentportal.com) \*\*\*

**Please update your bookmarks accordingly.**

To set up your account with this system, you will need to go to [www.schoolpaymentportal.com](http://www.schoolpaymentportal.com), then:

1. Click on Parent Login
2. Enter your information that you will use to access your account.
3. Sign in with the information you entered in Step 2
4. Verify your email by entering the code that was sent to your email account
5. Enter 08096 for Zip Code
6. All Districts in that Zip Code will show
7. Click on Deptford Township
8. Enter your students last name, first name and student ID
9. Click Add Student
10. From here you can view your students account or make a payment
  - a. FEE STRUCTURE
    - i. Credit Card Payments (Visa, MasterCard, Discover)
      1. 2.3% + \$1.00 per transaction
    - ii. ACH (Electronic Check-uses Checking account # and routing #)
      1. \$1.50 per transaction
  - b. EXAMPLE
    - i. Parent / Guardian Deposits \$50.00
      1. Credit Card Payment: The parent/guardian would be charged \$50.00 that is deposited to the students account as well as a \$2.15 convenience fee.
      2. ACH payment: The parent /guardian would be charged \$50.00 that is deposited to the students account as well as a \$1.50 convenience fee.
  - c. Click Manage Cafeteria Account
    - i. Enter Amount and Click Continue
    - ii. Click Add to Cart
    - iii. Click Check Out
  - d. Click Select to add your billing information
    - i. Enter Your Information
    - ii. Check Agreement Box which has the amount and fees
    - iii. Click Process Payment



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Dear Parent/Guardian:

Children need healthy meals to learn. The DEPTFORD BOARD OF EDUCATION offers healthy meals every school day at the prices listed below. Your children may qualify for free meals or for reduced price meals.

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$3.25	\$3.50	\$3.75	\$0.00	\$0.00	\$0.00
School Breakfast	\$1.75	\$2.00	\$2.25	\$0.00	\$0.00	\$0.00
After School Snack	\$0.00	NIA	NIA	\$0.00	NIA	NIA
Special Milk Program	NIA	NIA	NIA	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	\$0.35	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

NIA- Not Applicable

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ are eligible for free meals.
- Foster children that 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.

<b>FEDERAL INCOME CHART For school Year 2023-2024</b>			
Household Size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

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 haven't been told your children will get free meals, please call or e-mail your school, homeless liaison or migrant coordinator.
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 one of your children's schools.
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 your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school 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 year. You must send in a new application unless the school told you that your child is eligible for the new school year.
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 DON'T 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 calling or writing to:

Hearing Officer Name: Ronald Latham Address: 890 Bankbridge Road, Suite 100 Sewell, NJ 08080  
 Phone Number: (856)232-2700 Ext: 3012

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A 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 only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime 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 NOT COME 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, or receive Family Subsistence Supplemental Allowance payments, 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 ISN'T 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.
16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to <https://oneapo.dhs.state.nj.us/default.aspx>. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or [www.njfamilycare.org](http://www.njfamilycare.org) for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to [www.nj.gov/health/fhs/wic](http://www.nj.gov/health/fhs/wic).

If you have other questions or need help, call (856)232-2700 Ext:3012

**SHARING INFORMATION WITH MEDICAID or  
NJ FAMILYCARE**

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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 NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare 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 Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJFamilyCare)

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.





**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income	
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>
<b>Pensions/Retirement/All other sources of income</b>	
<ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	

**Examples of Income for Children**

- A child has a regular full or part-time job where they earn a salary or wages
- 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
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

**OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

**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. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income  How often?  Weekly  Every 2 Weeks  2x/Month  Monthly  Annual  Categorical Eligibility  Eligibility  Free  Reduced  Denied

Determining Official's Signature  Date  Verifying Official's Signature  Date

**The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms.** We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are followed. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or  
EMAIL: program.intake@usda.gov  
**\*Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 the district. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact your school.

**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

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the school system, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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 this school district?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the school district here. If you marked "Yes", write the grade level of the student in the "Grade" column to the right.

**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. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children Homeless, Migrant Workers, or Runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant Worker, Runaway" box next to the child's name and complete all steps of the application.

### STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or NJ SNAP.
- Temporary Assistance for Needy Families (TANF) or NJ TANF/Work First NJ
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county welfare agency: <https://www.nj.gov/humanservices/dfd/counties/>
- Go to **STEP 4**.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.
  - o Gross income is the total income received before taxes.
  - o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. 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.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income."** Only count foster children's income if you are applying for them together with the rest of your household.

*What is Child Income?* Child income is money received from outside your household that is paid DIRECTLY

#### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include 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:

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, Children and students already listed in STEP 1

#### B) List adult household members'

names. Print the name of each household member in the boxes marked "Names of Adult 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.

**E) Report Income from pensions/retirement/all other income.** Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. 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.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**F) Report total household size.** Enter the total 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 affects your eligibility for free and reduced price meals.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. **Do not report the cash value of any public assistance benefits NOT listed on the chart.** If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

#### G) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

### 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 your school district.**

**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.