



Food Service \* 13906 F Street \* Omaha, NE 68137 \* (402) 715-1433

Dear Parent/Guardian:

Children need healthy meals to learn. Millard Public Schools offers healthy meals every school day.

Elementary student breakfast costs \$1.50; elementary student lunch costs \$2.85.

Middle school student breakfast costs \$1.70; middle school student lunch costs \$3.05.

High school student breakfast costs \$1.95; high school student lunch costs \$3.55.

**Your children may qualify for free or reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by noon **September 21, 2020** in order to avoid an interruption in meal benefits.

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 the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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.

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 Bill Jelkin, homeless liaison or migrant coordinator at 402-715-8300 or email Leslie Vera at [lfvera@mpsomaha.org](mailto:lfvera@mpsomaha.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: MPS Food Service, 13906 F Street, Omaha, NE 68137 or to the office of your child's school.

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 of your children in your household were missing from your eligibility notification, contact Leslie Vera (MPS Food Service, 13906 F Street, Omaha, NE 68137-1102; 402-715-1440; [lfvera@mpsomaha.org](mailto:lfvera@mpsomaha.org)) immediately.

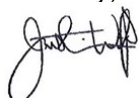
5. **CAN I APPLY ONLINE?** You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.mpsomaha.org](http://www.mpsomaha.org) under Departments, Food Service, and click on the Free or Reduced button to begin or to learn more about the online application process. Contact Leslie Vera at MPS Food Service, 13906 F Street, Omaha, NE 68137-1102; 402-715-1440; [lfvera@mpsomaha.org](mailto:lfvera@mpsomaha.org) 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. 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 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 Justin Wiley at 402-715-1435 or writing Justin Wiley (MPS Food Service, 13906 F Street, Omaha, NE 68137-1102; 402-715-1433; [jpwiley@mpsomaha.org](mailto:jpwiley@mpsomaha.org)).
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 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 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 or contact Leslie Vera (MPS Food Service, 13906 F Street, Omaha, NE 68137-1102; 402-715-1440; [lfvera@mpsomaha.org](mailto:lfvera@mpsomaha.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, please go online to [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov) or call 1-800-383-4278.

**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</b><br>for School Year 2020-2021 |        |         |                 |                 |        |
|--|--------|---------|-----------------|-----------------|--------|
| Household Size   | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1  | 23,606 | 1,968   | 984             | 908             | 454    |
| 2  | 31,894 | 2,658   | 1,329           | 1,227           | 614    |
| 3  | 40,182 | 3,349   | 1,675           | 1,546           | 773    |
| 4  | 48,470 | 4,040   | 2,020           | 1,865           | 933    |
| 5  | 56,758 | 4,730   | 2,365           | 2,183           | 1,092  |
| 6  | 65,046 | 5,421   | 2,711           | 2,502           | 1,251  |
| 7  | 73,334 | 6,112   | 3,056           | 2,821           | 1,411  |
| 8  | 81,622 | 6,802   | 3,401           | 3,140           | 1,570  |
| Each additional family member add:                       | 8,288  | 691     | 346             | 319             | 160    |

**If you have other questions or need help, call 402-715-1433.**

Sincerely,



Justin Wiley  
Food Service Director

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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 reviews and law enforcement officials to help them look into violations of program rules.

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, audiotope, 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](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:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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This institution is an equal opportunity provider.

## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each student by name, birth date, the school they attend and their grade. Student ID number is optional.
- Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- Part 3:** Skip this part.
- Part 4:** Complete this part. An adult must sign the form.
- Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.
- Part 6:** This part is optional. If you would like to share information with other programs, fill in the circles for the programs you choose.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, date of birth, the school they attend, student's personal use income (if applicable), and their grade. Check the box indicating the child is a foster child. Student ID number is optional.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Complete this part. An adult must sign the form.
- Part 5:** This part is optional. If you would like to share information with other programs, fill in the circles for the programs you choose.
- Part 6:** This part is optional. If you would like to share information with other programs, fill in the circles for the programs you choose.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, including foster, homeless, migrant, and runaway children, their date of birth, the school they attend and their grade. Also report the student's income if applicable (Foster children's personal use income must be reported). Check the box if the child is a foster child. Student ID number is optional.
- Part 2:** If the household does not have a Master Case Number, skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1 - Household Members:** List the first and last name of each person living at your address except students listed in Part 1, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
- Column 2 - Gross Income and how often it was received:** Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received - weekly, every other week, twice a month (such as the 1st & 15th), monthly, or annually.
- Earnings from Work** includes the following:
- \* Salary, wages, cash bonuses
  - \* Net income from self-employment (farm or business)
- If you are in the U.S. Military, include:
- \* Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
  - \* Allowances for off-base housing, food and clothing
- Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.
- Public Assistance/Child Support/Alimony includes the following:**
- \* Unemployment benefits, Worker's compensation
  - \* Supplemental Security Income (SSI), Cash assistance from state or local government
  - \* Veteran's benefits (VA benefits), Strike benefits
  - \* Child support payments, Alimony payments
- Pensions/Retirement/All Other Income includes the following:**
- \* Social Security payments (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 and *Regular* cash payments received from outside the household.
- If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household into the designated box.

**SSN:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Part 6:** This part is optional. If you would like to share information with other programs, fill in the circles for the programs you choose.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the Millard school they attend, date of birth, the student's income (if applicable), and their grade.

**Part 2:** If applicable, enter the Master Case Number for the household. If none, skip to part 3.

**Part 3:** Follow these instructions to report total household income from last month.

**Column 1 - Household Members:** List the first and last name of each person living at your address except students listed in Part 1, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

**Column 2 - Gross Income and how often it was received:** Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received - weekly, every other week, twice a month (such as the 1st & 15th), monthly, or annually.

**Earnings from Work** includes the following:

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

If you are in the U.S. Military, include:

- \* Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- \* Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- \* Unemployment benefits, Worker's compensation
- \* Supplemental Security Income (SSI), Cash assistance from state or local government
- \* Veteran's benefits (VA benefits), Strike benefits
- \* Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- \* Social Security payments (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 received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household into the designated box.

**SSN:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Part 6:** This part is optional. If you would like to share information with other programs, fill in the circles for the programs you choose.

# 2020 - 2021

Return completed application to:

**Millard Public Schools**  
**Family Application for Meal Benefits**  
 Millard Public Schools Food Service Office  
 13906 F Street Omaha, NE 68137-1102

For faster service, apply ONLINE at [www.mpsomaha.org](http://www.mpsomaha.org)

Please refer to instructions. USE BLACK INK, print neatly within the boxes. Complete one application per household.

## PART 1: Children Attending Millard Schools

List names of all children in school (First, Middle Initial, Last).

If all children listed are foster, skip to Part 4 to sign the form.

If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.

| Student ID Number<br>(Optional) | Names of all children in school<br>(First, Middle Initial, Last). | Date of Birth<br>(Optional) | School | Grade | Check all that apply<br>Foster Child<br>Homeless, Migrant, Runaway | Include foster child's personal use income<br>Student Income | Weekly<br>Every 2 Weeks<br>Twice a month<br>Monthly |
|---------------------------------|---|-----------------------------|--------|-------|--|--|---|
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |
|                                 |   |                             |        |       | <input type="checkbox"/>   | \$   | <input type="radio"/>                               |

## PART 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits

Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDIPIR:

(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

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## PART 3: Total Household Gross Income – You must tell us how much and how often.

### Household Members

1. List everyone in your household except students listed above, current income each person earns in whole dollars (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report.

### 2. Gross Income (before taxes) and How Often it was Received

| (First, Middle Initial, Last Name) | Earnings from Work | Weekly        |               |         |          | Public Assistance, Child Support, Alimony | Weekly        |               |         |          | Pensions, Retirement, and All Other Income | Weekly        |               |         |          |
|------------------------------------|--------------------|---------------|---------------|---------|----------|---|---------------|---------------|---------|----------|--|---------------|---------------|---------|----------|
|                                    |                    | Every 2 Weeks | Twice a month | Monthly | Annually |   | Every 2 Weeks | Twice a month | Monthly | Annually |  | Every 2 Weeks | Twice a month | Monthly | Annually |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |
|                                    | \$                 |               |               |         |          |   |               |               |         | \$       |  |               |               |         |          |

Total Number of Household Members: (Children and Adults)

Last Four Digits of Social Security Number (SSN) of adult signing this form

|   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|
| X | X | X | X | - | X | X | - |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|

☐ Check if no SSN

## PART 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

Sign here

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Print First Name

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Print Last Name

Today's Date ( ) Phone

Address Apt.

City State Zip Code

## PART 5: Children's Ethnic and Racial Identities (Optional)

### Check one Ethnic Identity:

and

### Check one or more Racial Identities:

☐ Hispanic or Latino

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Not Hispanic or Latino

☐ White

☐ American Indian or Alaska Native

## PART 6: Sharing Information (Optional)

If you want to share your child's eligibility with the programs listed below, fill in the circle for all that apply. Not sharing this information does not affect your child's participation in the free and reduced meal program. If you have not checked these boxes now and want to share information with these programs later you will need to complete other forms to qualify for help with these other programs.

☐ Activity Fees

☐ Athletics/Sports

☐ Clubs

☐ Field Trips

☐ Music, Band and Vocal

☐ Scholarships

☐ Summer School Tuition

☐ Transportation

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