

Application Instructions – 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 if all of your school-aged children attend [Geraldine Schools](#). 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 **Carla Hankins, 406-737-4371** or secretary@geraldine.k12.mt.us. Please use a pen (not a pencil) to complete the application and print clearly.

STEP 1: List ALL CHILDREN in the Household.

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?

Children age 18 or under (related or unrelated) that are supported with the household’s income;
 Children in your care under a foster arrangement, or who qualify as homeless, migrant, or runaway youth;
 Students attending [Geraldine Schools](#)

- **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. 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.
- **Is the child a student?** If attending school, indicate the name of school and grade level for each child and mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend [Geraldine Schools](#)
- **Are any children homeless, runaway, or migrant?** If you believe any child listed in this section may meet this description, please mark the “Homeless, Migrant, Runaway” box next to the child’s name and **complete all steps of the application.**
- **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 STEP 4 of these instructions.

STEP 2: Participation in SNAP, TANF or FDPIR?

If anyone in your household participates in any of the programs below, your children are eligible for free school meals:

The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps
 Temporary Assistance for Needy Families (TANF)
 Food Distribution Program on Indian Reservations (FDPIR)

- IF **NO ONE** IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
 - Mark **NO** in the box and skip to STEP 3 of these instructions and STEP 3 of your application.
 - Leave the MT Case# box blank.
- IF **ANYONE** IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
 - Mark **YES** in the box and provide a MT case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in SNAP and do not know your case number, contact: 1-866-850-1556. You must provide a MT case number on your application if you marked the box **YES**.
 - Skip to STEP 4 of these instructions and STEP 4 of your application.

STEP 3: Report Income for ALL Household Members

A. Child Income

Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income, for ALL children in your household listed in STEP 1, in the box marked “Total Child Income”. **Only** count foster children’s personal income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid directly to your children on a *regular/frequent* basis. Infrequent earnings, such as occasional baby-sitting or mowing lawns, are not counted as income. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> ● Regular earnings from work 	<ul style="list-style-type: none"> ● A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> ● Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits 	<ul style="list-style-type: none"> ● 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.
<ul style="list-style-type: none"> ● Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> ● A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> ● Income from any other source 	<ul style="list-style-type: none"> ● A child receives income from a private pension fund, annuity, or trust.

Adult Income - Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.
- College students temporarily away

Do not include:

- People who live with you but are not supported by your household's income, and who do not contribute income to your household.

B.

Adult Income

Print the first and last name of all Household Members not listed in STEP 1 even if no one receives income.

Sources of Income

Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and 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. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. 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.

How do I fill in the amount and how often it is received?

For each type of income.

Report all amounts as gross income ONLY. Report income in whole dollars. Do not include cents.

Gross income is the total income received before taxes or deductions.

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 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 be counted as zeroes. 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 (chosen to provide proof of income) for cause.

Mark the circle to the right of the dollar amount to indicate how often income is received.

Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Use this chart to determine if your household has income to report.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
<ul style="list-style-type: none">Gross income from salary, wages, or cash bonusesNet income from self-employment (farm or business)Strike benefits	<ul style="list-style-type: none">Unemployment benefitsWorker's compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeteran's benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private pensions or disabilityIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household
<p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food, and clothing		

C. 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 determines your income cutoff for free and reduced-price meals.

D. Provide the last four digits of your Social Security Number.

The household's primary wage earner or another 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. Please also make sure you have read the use of information and civil rights statements on the back of the application.

- 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.
- Sign and print your name.** Print and sign your name in the designated boxes as the adult completing the form.
- Write today's date.** In the space provided, write today's date in the box.
- 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 institution is an equal opportunity provider.

OPTIONAL Children's Racial and Ethnic Identities.

Collecting racial and ethnic information 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:

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian or Alaskan Native

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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Free/Reduced Price School Meal Application Income Guidelines

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,659	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
Each additional family member	\$8,732	\$728	\$364	\$336	\$168

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 is 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 (FDPRI) case number or other FDPRI 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.