

2020-2021 Lincoln Public Schools - Free & Reduced Price Meals Family Application

APPLY ONLINE @ Ips.org. Complete one application per household. LPS is not responsible for lost paper applications or applications delayed in the mail. Families are responsible for all meal charges accrued prior to approval of the application.

Return Completed Application to: School Office or LPS Nutrition Services, 5905 O Street, Lincoln, NE 68510

Part 1 - Children in School

List names of all children, including foster children, in school. If all children listed are foster, "X" skip to Part 4. If some of the children are foster or are homeless, migrant or runaway, complete all steps of the application.

First	Middle Initial	Last Name	Check all that apply:		Name of School Child Attends	LPS ID# (6 digit)	Grade
			Foster Child	Homeless, Migrant Runaway			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

Part 2 - List MASTER CASE Number if household qualifies for – SNAP, TANF or FDPIR (Not Medicaid)

Enter **MASTER CASE NUMBER** Then skip to Part 4
DO NOT write Medicaid number

DO NOT write Social Security number
DO NOT write EBT card number

Part 3 - Total Household Gross Income – You must tell us how much and how often.

1. List Household Members - List everyone in the household, 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. A foster child's personal use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: (Adults + Children + Infants) _____

REQUIRED: Last 4 digits of Social Security Number (SSN) of adult signing this form: **XXX – XXX –** _____ **OR** 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: _____ Print name: _____ Date: _____
Street Address (if available): _____ Zip: _____ Daytime Phone: _____

Part 5: Children's Ethnic and Racial Identities – Optional

Check 1 Ethnic Identity: Hispanic or Latino Not Hispanic or Latino
AND Check 1 or more Racial Identities: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size: _____

Total Income: _____ per
 Year Month 2 x Mo Every 2 Wks Wk

<input type="checkbox"/> Free <input type="checkbox"/> Income <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway	<input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete application	<input type="checkbox"/> DC List: <input type="checkbox"/> SNAP <input type="checkbox"/> Foster <input type="checkbox"/> Migrant <input type="checkbox"/> MED-F <input type="checkbox"/> MED-R Date: _____
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Signature of Determining Official: _____ Application ID: _____ Date Approved: _____

FOR THE VERIFICATION PROCESS ONLY:		Date Withdrawn From School:
Signature of Confirming Official: _____	Date Confirmed: _____	
Signature of Verifying Official: _____	Date Verified: _____	

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart

FEDERAL INCOME CHART for School Year 2020-21					
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 person:	8,288	691	346	319	160

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, 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:

- (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

This institution is an equal opportunity provider.

For Assistance completing this form contact LPS Nutrition Services @ 402-436-1746