

# 2019-2020 Lincoln Public Schools - Free & Reduced Price Meals Family Application

**OR APPLY ONLINE @ lps.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 District Office, 5905 O Street, Box 13 Lincoln, NE 68510

## Part 1 - Children in School

List names of all children, including foster children, in school. "X" if foster. If all children listed are foster, "X" then skip to Part 4.

First	Middle Initial	Last Name	"X" if foster child	Name of School Child Attends	LPS ID# (6 digit)	Grade
			<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"/> 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"/> MED-F <input type="checkbox"/> MED-R Date: _____
--	--	--

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

### FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_  
 Signature of Verifying Official: \_\_\_\_\_ Date Verified: \_\_\_\_\_  
 Date Withdrawn From School: \_\_\_\_\_

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 2019-20					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

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](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)

This institution is an equal opportunity provider.