HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS or THE SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced price meals. You only need to submit one application per household, even if your children attend more than one school in Western Wayne School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these step-by-step instructions beginning with **STEP 1**! 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 **Maria Liptak, Food Service Director, 1-800-321-9973 option 1, or e-mail mliptak@westernwayne.org**.

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 children live in your household. They do NOT have to be related to you to be a part of your household. 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.

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, runaway, or Head Start.

A) **List each child's name.** Print each child's name. Use one line of the application for each child. 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) **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, finish completing **STEP 1**, then proceed to **STEP 3**.

C) **Are any children homeless, migrant, runaway, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)?

A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.**

B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the nine-digit case number.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact 1-877-395-8930 or **Wayne County Assistance Office, 1-877-879-5267 – 15 Innovation Drive, Lake Ariel, PA 18436-8800**. You **must** provide a case number on your application if you circled "YES". **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (EVEN IF THEY DO NOT RECEIVE INCOME).

A) **REPORT ALL INCOME EARNED OR RECEIVED BY CHILDREN.** For ALL children listed in **STEP 1**, report the combined gross income in the box "Child Income" and check how often the income is received.

B) **LIST ALL HOUSEHOLD MEMBERS (including yourself)** 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** children listed in **STEP 1.**
- **Do not include** people who live with you but are not supported by your household's income AND do not contribute income to your household.

C) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.

- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; 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.
- **What if I am self-employed?** Report income as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in **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.

E) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her 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."

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STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that adult household member is promising all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the Privacy Act Statement and Non-discrimination Statement at the bottom of these instructions.**

A) PRINT AND SIGN YOUR NAME. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form.

B) WRITE TODAY'S DATE. In the space provided, write today's date in the box.

C) 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 meals. Sharing a phone number, email address or both is optional, but helps us reach you quickly if we need to contact you.

D) SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL). At the bottom 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 meals.

Privacy Act Statement: This explains how we will use the information you give us.
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 (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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
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) E-mail: program.intake@usda.gov.

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