

HOW TO APPLY FOR 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, even if your children attend more than one school in Lewiston School District. 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 Lewiston School District at 208-748-3000.

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 AND REPORT CHILD INCOME

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? 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, or runaway youth;
- Students attending Lewiston School District, regardless of age.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025			
Household size	Annually	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	+9,953	830	192

A) List each child's name. Print each child's 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. Checkmark the box under the column titled "Student" to tell us which children attend Lewiston School District.

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, go to step 3.

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

D) Report all income earned or received by children. Report the gross income for each child listed. See "Sources of Income for Children" on application. Only count foster children's income if you are applying for them together with the rest of your household. **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Circle "NO" in Step 2 and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Circle "YES" -- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number.
- Go to STEP 4.

STEP 3: LIST ADULT HOUSEHOLD MEMBERS AND REPORT ADULT INCOME

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.

STEP 3: LIST ADULT HOUSEHOLD MEMBERS AND REPORT ADULT INCOME

- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- 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.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household 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:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

<p>A) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” <u>Do not list any household members you listed in STEP 1.</u></p>	<p>B) Report earnings from work. Report all income from work in the “Gross Work Earnings” 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.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>C) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.</p>
<p>D) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p>	<p>E) 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 affects your eligibility for free and reduced price meals.</p>	<p>F) Provide the last four digits of your Social Security Number. An 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.”</p>
<h3>STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE</h3>		
<p><i>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. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</i></p>		
<p>A) 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.</p>	<p>B) Print and sign your name and write today’s date. Print the name of the adult signing the application and that person signs in the box “Signature of adult.”</p>	<p>C) Return application to your child’s school or mail completed Form to: Lewiston School District, 3317 12th Street, Lewiston, ID 83501</p> <p>D) 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 field is optional and does not affect your children’s eligibility for free or reduced price school meals.</p>

2024-2025 Application for Free and Reduced-Price School Meals

Lewiston Independent School District No. 1, 3317 12th Street, Lewiston, ID 83501

Complete one application per household. Please use a pen (not a pencil).



If you have already been notified that your child is approved for free meals for the new school year, DO NOT complete this form.

Questions about this form? Please call 208-748-3000
INCOMPLETE APPLICATIONS WILL BE DENIED. You will receive a letter when you are approved or denied; until that time, you are responsible for any charges.

STEP 1

List **ALL** household members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) **Household Member** is defined as "Anyone who is living with you and shares income and expenses, even if not related."

If a student/child is a **foster child**, indicate this by placing an "X" in the appropriate box. Include any **personal use income** received by the foster child/student. Include any **regular** income that is received by each student/child and make an "X" in the correct box for how often it is received. **"Sources of Child Income" are listed on back of page.**

Child's Last Name	Child's First Name	MI	Student?	Foster?	Homeless, migrant, runaway?	Date of Birth	School	Grade	Child Income	How often?			
										Weekly	Bi-Weekly (every other week)	2 x Month	Monthly
			<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"/>				\$	<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"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs? Circle one: YES / NO
 If you circled "YES," then write the case number here and go to STEP 4 (Do not complete STEP 3.)

SNAP (food stamps) TANF FDIPIR Case Number: _____ (Quest Card # not allowed)

STEP 3 List the names of all other household members – Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. **"Sources of Adult Income" are listed on back of page.**

Names of adult household members (do not include students or children listed above)	Gross Work Earnings (before any deductions)	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions/ Retirement/ Social Security (SSI) All Other Income not already listed	How often?			
		Weekly	Bi-Weekly	2 x Month	Monthly		Weekly	Bi-Weekly	2 x Month	Monthly		Weekly	Bi-Weekly	2 x Month	Monthly
	\$	<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"/>	<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"/>	\$	<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"/>	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Adults and Children):

Last four digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN:

STEP 4

Contact Information and Signature: "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."

Printed Name of Adult Household Member _____	Mailing Address _____	Date Application Received by School Official: _____
Adult Household Member Signature _____	E-mail Address (optional) _____	Daytime Phone _____

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and 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 (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sources of Child Income	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> Gross earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time 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 person <i>outside</i> the household 	<ul style="list-style-type: none"> A friend or extended family member regularly 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.

Sources of Adult Income		
Earnings from Work	Public Assistance, Alimony, Child Support	Pensions/Retirement /All Other Income
<ul style="list-style-type: none"> Gross salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (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 from outside household

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.

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/ad-3027.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;

(2) Fax: (833) 256-1665 or (202) 690-7442; or

(3) Email: program.intake@usda.gov

*** This institution is an equal opportunity provider. ***

Household Determination: FOR OFFICIAL USE ONLY – DO NOT FILL OUT <input type="checkbox"/> Food Stamp/TAFI/FDPIR <input type="checkbox"/> Categorically Eligible <input type="checkbox"/> Income: Total Income \$ _____ Frequency _____ # in Household _____		Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12
Approved: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals	Dented: <input type="checkbox"/> Income over Allowed <input type="checkbox"/> Incomplete/Missing	Date Notice Sent: _____
Signature of Determining Official: _____		Date Determined: _____
Signature of Confirming Official: _____		Date 2 nd Notification Sent: _____
Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible – Reason: _____		Signature of Verifying Official: _____ Date: _____