# **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 SAU 35. 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 **Nicole Kerstetter, 1-603-869-5842, etx. 120, nkerstetter@bethlehem.k12.nh.us**

**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 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.



**A) *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. When printing names, write one letter in each box. 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) *Is the child a student at Bethlehem Elementary School?*** Mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend Bethlehem Elementary School.

**C) *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 these instructions.

**D) *Are any children homeless, migrant, or runaway?*** 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.**

**STEP 2: Do ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR fdpir?**



**A)** **IF *NO ONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

* ***Circle ‘NO’ and skip to STEP 3 on these instructions and STEP 3 on your application.***
* ***Leave STEP 2 blank.***

**B)** **IF *ANYONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

* ***Circle ‘YES’ and provide a NH case number for SNAP, TANF, or FDPIR.*** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your local agency**. 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**

**A) 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 listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s 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.



| **Sources of Income for Children** | |
| --- | --- |
| **Sources of Child Income** | **Example(s)** |
| * Earnings from work | * A child has a job where they earn a salary or wages. |
| * Social Security   + Disability Payments   + Survivor’s Benefits | * 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. |
| * Income from persons *outside* the household | * A friend or extended family member *regularly* gives a child spending money. |
| * Income from any other source | * A child receives income from a private pension fund, annuity, or trust. |

**FOR EACH ADULT HOUSEHOLD MEMBER:**



**B) *List Adult Household member’s name.*** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**C) *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.



**D) *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.

**E) *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.

**F) *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.

**G) *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 SS#.”

| **Sources of Income for Adults** | | |
| --- | --- | --- |
| **Earnings from Work** | **Public Assistance/Alimony/**  **Child Support** | **Pensions/Retirement/All Other Income** |
| * Salary, wages, cash bonuses * **Net** income from self-employment (farm or business) * Strike benefits   **If you are in the U.S. Military:**   * Basic pay and cash bonuses (*do NOT include combat pay, FSSA or privatized housing allowances*) * Allowances for off-base housing, food, and clothing | * Unemployment benefits * Worker’s compensation * Supplemental Security Income (SSI) * Cash assistance from State or local government * Alimony payments * Child support payments * Veteran’s benefits | * Social Security (including railroad retirement and black lung benefits) * Private Pensions or disability * Income from trusts or estates * Annuities * Investment income * Earned interest * Rental income * *Regular* cash payments from outside household |

**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. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**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.

**B) *Sign and print 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.”

**C) *Write Today’s Date.*** In the space provided, write today’s date in the box.

**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.**

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](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (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.

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