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, <u>even if your children attend more than one school in [School District]</u>. 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 [School/school district contact here; phone and email preferred].

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.

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 [school/school system here], regardless of age.

A) List each child's name. Print each child's	B) Is the child a student at [name	C) Do you have any foster children? If any children	D) Are any children homeless, migrant,
name. Use one line of the application for each	of school/school system here]?	listed are foster children, mark the "Foster Child"	or runaway? If you believe any child
child. When printing names, write one letter in	Mark 'Yes' or 'No' under the	box next to the child's name. If you are ONLY	listed in this section meets this
each box. Stop if you run out of space. If there	column titled "Student" to tell us	applying for foster children, after finishing STEP 1 ,	description, mark the "Homeless,
are more children present than lines on the	which children attend [name of	go to STEP 4.	Migrant, Runaway" box next to the
application, attach a second piece of paper	school/school district here]. If you	Foster children who live with you may count as	child's name and complete all steps of
with all required information for the additional children.	marked 'Yes,' write the grade level	members of your household and should be listed on	the application. Migrant means
	of the student in the 'Grade'	your application. If you are applying for both foster	participating in the Migrant Education
	column.	and non-foster children, go to step 3.	Program (MEP).

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 Delaware Supplemental Nutrition Assistance Program (SNAP)
- Delaware Temporary Assistance for Needy Families (TANF)

A) If no one in your household participates in any of the above	B) If anyone in your household participates in any of the above listed programs:		
listed programs:	Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participat		
• Leave STEP 2 blank and go to STEP 3.	in one of these programs and do not know your case number, contact your case manager.		
	Go to STEP 4.		

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o 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

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS						
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. 						
3.A. REPORT INCOME EARNED BY CHILDREN						
A) Report all income earned or received b	A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only					
	oplying 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.						
3.B. REPORT INCOME EARNED BY ADU	ILTS					
Who should I list here?						
	clude 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 o	own.					
• Do NOT include:						
	ot supported by your household's income AND/OR do not contribute inc	ome to your household.				
 Infants, children, and students alrea 						
B) List adult household members'	C) Report earnings from work. Report all income from work in the	D) Report income from public assistance/child				
names. Print the name of each	"Earnings from Work" field on the application. This is usually the	support/alimony. Report all income that applies in the "Public				
household member in the boxes marked	money received from working at jobs. If you are a self-employed	Assistance/Child Support/Alimony" field on the application. <u>Do</u>				
"Names of Adult Household Members	business or farm owner, you will report your net income.	not report the cash value of any public assistance benefits NOT				
(First and Last)." <u>Do not list any</u> household members you listed in STEP 1 .		listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but				
If a child listed in STEP 1 has income,	What if I am self-employed? Report income from that work as a net	regular payments should be reported as "other" income in the				
follow the instructions in STEP 3, part A.	amount. This is calculated by subtracting the total operating	next part.				
Tonow the instructions in STEP 5, part A.	expenses of your business from its gross receipts or revenue.					
E) Report income from	F) Report total household size. Enter the total number of household	G) Provide the last four digits of your Social Security Number.				
pensions/retirement/all other income. members in the field "Total Household Members (Children and		An adult household member must enter the last four digits of				
Report all income that applies in the	Adults)." This number MUST be equal to the number of household	their Social Security Number in the space provided. You are				
"Pensions/Retirement/ All Other	members listed in STEP 1 and STEP 3. If there are any members of	eligible to apply for benefits even if you do not have a Social				
Income" field on the application.	your household that you have not listed on the application, go back	Security Number. If no adult household members have a Social				
	and add them. It is very important to list all household members, as	Security Number, leave this space blank and mark the box to the				
	the size of your household affects your eligibility for free and	right labeled "Check if no SSN."				
	reduced-price meals.					
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	B) Print and sign your name and	C) Mail Completed	D) Share children's racial and ethnic identities
address in the fields provided if this information is available.	write today's date. Print the name	Form to: Insert	(optional). On the back of the application, we ask you
If you have no permanent address, this does not make your	of the adult signing the application	School/District	to share information about your children's race and
children ineligible for free or reduced-price school meals.	and that person signs in the box	<mark>address here</mark>	ethnicity. This field is optional and does not affect your
Sharing a phone number, email address, or both is optional,	"Signature of adult."		children's eligibility for free or reduced-price school
but helps us reach you quickly if we need to contact you.			meals.

STEP 5: DE-Child Health Care Program

Step 5 is <u>not</u> optional in Delaware. Districts and schools in Delaware must include an "Opt Out" option for parents that do not wish to share free and reduced-price meal eligibility with Delaware Health and Social Services.

STEP 6: For Districts/Schools to Customize

Step 6 is optional. If a district or school has a particular program or programs that use meal eligibility to qualify, they can add Step 6 as an "Opt In" for parents. The School Nutrition Office can only release student eligibility if the parent checks yes and **only** for the programs listed in Step 6. Districts/school MUST list the individual programs for which eligibility will be shared. If the School Nutrition Office will not be sharing eligibility with any other school programs, Step 6 can be removed from the form.