LETTER TO PARENTS
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Independence School District offers healthy meals every school day. **Breakfast costs** [Elementary - $1.70, Middle/High School - $1.80]; **Lunch costs** [Elementary – $2.75, Middle/High School – $2.90]. Your children may qualify for **free meals or for reduced price meals**. Reduced price is [5.00] for breakfast and [5.40] for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. CAN I APPLY ONLINE? Yes! You are encouraged to complete an **online application (processed within 24 hours)** instead of a **paper application (processed within 10 days)** if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [http://sites.isdschools.org/nutrition](http://sites.isdschools.org/nutrition) to begin or TO learn more about the online application process. **If you have any questions about the online application, Contact Nutrition Services at 816-521-5371, 14001 East 32nd Street South, Independence, MO 64055-2506.**

2. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from the **Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP)**, the Food Distribution Program on Indian Reservations (FDPIR) or **Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school’s Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for **free or reduced** price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annually</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>For each add’l person add</td>
<td>+ 8,177</td>
<td>+ 682</td>
<td>+ 158</td>
</tr>
</tbody>
</table>

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call Nicole Sequeira, Homeless Liaison, 816-521-5300.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. **Use one Free and Reduced Price School Meals Application for all students in your household**. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Nutrition Services, 14001 East 32nd Street South, Independence, MO 64055-2506.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FOR THE 2018-2019 SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Nutrition Services at 816-521-5371, immediately.

5. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You may also ask for a hearing by calling or writing to: Brad Kramer, Director Nutrition Services, 14001 East 32nd Street South, Independence, MO 64055-2506, 816-521-5371.

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or Social Security Disability. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact: Nutrition Services, 816-521-5371, to receive a second application.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 816-521-5371.

Sincerely,

INDEPENDENCE SCHOOL DISTRICT
NUTRITION SERVICES

USDA Non-discrimination Statement:

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) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
**2019-2020 Application for Free and Reduced Price School Meals**

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

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

**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).

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>MI</th>
<th>Child's Last Name</th>
<th>Building Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: ________________________________ Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**
Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. All Adult Household Members (including yourself)**
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
<thead>
<tr>
<th>Name of Adult Household Member (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Household Members (Children and Adults)**

**Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member.**

**STEP 4** Contact information and adult signature

Mail Completed Form To: Nutrition Services, 14001 East 32nd Street South, Independence, MO 64055-2506

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.

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form Today's date

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

**ANNUAL INCOME CONVERSION: WEEKLY * 52, EVERY 2 WEEKS * 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)**

Food Stamps/Temporary Assistance Household size:

Total Income: Per: [ ] Week [ ] Every 2 Weeks [ ] Twice a Month [ ] Month [ ] Year

Eligibility: [ ] Free [ ] Reduced [ ] Denied Reason:

Determining Official's Signature:

Date withdrawn: Date Approved/Denied:

Confirming Official's Signature (For verification purposes only):

Date:
## Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td>- A child receives Social Security benefits</td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from any other source</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

## Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from Work</td>
<td>Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Salary, wages, cash bonuses</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td>- Supplemental Security Income (SSI)</td>
<td>- Annuities</td>
</tr>
<tr>
<td>Public Assistance/Alimony/Child Support</td>
<td>- Investment income</td>
</tr>
<tr>
<td>- Unemployment benefits</td>
<td>- Earnings interest</td>
</tr>
<tr>
<td>- Worker’s compensation</td>
<td>- Rental income</td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>- Regular cash payments from outside household</td>
</tr>
<tr>
<td>- Alimony payments</td>
<td></td>
</tr>
<tr>
<td>- Child support payments</td>
<td></td>
</tr>
<tr>
<td>- Veteran’s benefits</td>
<td></td>
</tr>
<tr>
<td>- Strike benefits</td>
<td></td>
</tr>
</tbody>
</table>

### 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

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.

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.

This institution is an equal opportunity provider.
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 Independence 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 Independence School District at 816-521-5371.

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 any school within the Independence School District, regardless of age.

List each child’s 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.

Building name/Grade. If child is a student, list building name and grade.

Do you have any foster children? If any child 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.

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.

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).

If no one in your household participates in any of the above listed programs:
- Leave STEP 2 blank and go to STEP 3.

If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636.
- 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.
  - 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.

(Information follows on the reverse side.)
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.

### 3.A. REPORT INCOME EARNED BY CHILDREN

**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 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.

### 3.B 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.

#### List adult household members’ names.
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.

#### Report earnings from work.
Report all total gross 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.

**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.

#### Report income from public assistance/child support/alimony.
Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not resort the cash value of any public assistance benefits NOT listed on the chart. 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.

#### Report income from pensions/retirement/all other income.
Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

#### 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.

#### 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.”

### 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.**

#### 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.

#### 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.”

#### Mail Completed Form to:
Nutrition Services, 14001 East, 32nd Street South, Independence, MO 64055-2506

#### 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.
REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐ YES

☐ NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Student(s) Name(s):

Printed name of parent/guardian:

Mailing Address:

City: ___________________________ State: ___________ Zip Code: ___________
Unpaid Meal Charge Policy

The Independence School District recognizes that adequate nutrition is essential to students’ mental, physical, and academic growth. However, unpaid meal charges place a large financial burden on our Nutrition Services Department. Unless meals are provided at no charge, the district expects students and employees to pay for meals prior to or at the time of receipt. The ability to charge meals is a privilege, not a right, and is subject to the limitations established in this procedure. The District participates in the School Breakfast Program (SBP) and the National School Lunch Program (NSLP). District students, whether at the free-, reduced-, or paid-rate, will receive a full reimbursable breakfast and/or lunch meal that meets USDA requirements regardless of whether they have, or do not have, adequate money in their student account or in-hand to cover the cost of the meal at the time of service. No reimbursable meal will be taken from any District student in the event there are no funds or a negative balance in a student’s meal account. A la carte purchases will not be allowed if a student does not have enough funds in their account or in-hand to pay for the a la carte item.

If a District student has money in-hand to purchase a reduced-price or paid-meal at the time of the meal service, the student will be provided a meal and those funds will not be utilized to pay-down a negative balance. The Nutrition Services Cashier will key a reimbursable breakfast and/or lunch meal charging the student’s account accordingly.

Although a District student may carry a negative balance, it is the student’s parent/guardian that is responsible for payment in order to keep the student’s balance from becoming negative. If a student has a negative balance at the time they become classified as eligible for either free or reduced price-meal status, having moved from full-pay to either reduced- or free-status or having moved from reduced- to free-status, the parent/guardian is still responsible for the negative balance accrued under the previous meal payment classification. To accommodate students who purchase school meals, payment options include an [online payment system] that will take credit and debit cards, or cash and check payments may be made at all school sites.

Parents/guardians of students with negative account balances will also receive School Messenger phone calls Sunday-Thursday to remind them to make a payment to cover their student’s negative balance.

A District student’s balance, whether positive or negative in nature, will follow the student throughout their academic career. The parent/guardian is still responsible for the negative balance accrued even if the student graduates at the end of their senior year or transfers out of the district. Upon request, positive balances may be refunded or moved to another student’s account(s). Request for refunds should be submitted to the Nutrition Services Department. The Nutrition Services Department will only issue refunds up to the student’s current account balance.

If charges continue without repayment:
- Parent/guardian may be contacted by school staff to offer services or assistance as needed.
- Parent/guardian may be encouraged to submit a Free- And Reduced-Priced Meal Application which can be found here.

Revised 09/13/18
Employees are not allowed to charge meals and must provide payment at the time of service.

This policy outlines the District’s approach to a meal charge policy in order to ensure a consistent and transparent approach to this issue. Communicating such a policy will prevent confusion for students and families and help promote effective financial management of the school meal programs. Key policy considerations include, but are not limited to:

- Provide children with adequate nutrition to focus in school;
- Maintain the financial integrity of the programs operated by the Nutrition Services Program within the District;
- Minimize stigmatization of children with meal charges;
- Address the serving of reimbursable alternative meals;
- Debt collection and debt collection efforts;
- How to communicate the policy, in writing, to families at the start of the school year;
- How to communicate the policy, in writing, to families transferring into the District throughout the year, and
- Additional communication strategies: “back-to-school” packets, website, and student handbooks.

This written policy will be provided, through mail or email, to all District household families at the start of the school year and to all families transferring into the District throughout the course of the year. When enforced to a particular student, this written policy will be provided again to the District household through mail or email.

This written policy will be provided to all school staff responsible for policy enforcement including, but not limited to: School food service professionals responsible for collecting payment for meals at the point of service, staff involved in notifying families of low or negative balances, and staff involved in enforcing any other aspects of the meal charge policy, school social workers, school nurses, the Family School Liaison, and other staff members that may assist students in need, principals, assistant principals, and any other administrators.

**DEFINITIONS:**

**What Is A National School Lunch Program, or NSLP, Meal?**
For lunch, all meals must provide five components: fruit, vegetables, meat/meat alternates, grains, and milk. For a lunch to be a program meal, the meal must contain ½-cup fruit or vegetables and at least two other servings from the five component groups. Three of the five components must be chosen with one of those components being either a fruit or vegetable for the meal to be reimbursable.

**What Is A School Breakfast Program, or SBP, Meal?**
There are three component groups that make up the breakfast meal pattern: grains (with optional meat/meat alternate allowed), fruit, fluid milk. For the breakfast meal to be a program meal the three components must be served.

**What Is A Charged Meal?**
A charged meal occurs when a student enters the cashier line with a program meal and does not have the funds in his/her account or in-hand to sufficiently pay for the program meal. These meals are not taken from students. Extra items, or a la carte items, are not allowed to be charged and will be taken from students with insufficient funds in their account.

**STANDARD OPERATING PROCEDURES:**

**Negative Balances-Student Accounts**

If a child has money to purchase a reduced-price or paid-meal at the time of the meal service, the child will be provided a meal. SFAs may not use the child’s money to repay previously unpaid charges if the child intended to use the money to purchase that day’s meal. Children who qualify for free meals will never be denied a meal, even if they have accrued a negative balance. Free And Reduced Meal Application is included in this policy and can be found *here*.

No school program meal will be taken away from any District student in the event there are no funds or a negative balance in a student’s meal account. These meals are processed as program meals.

All students will receive a program meal during a negative balance period and be charged accordingly. If a Middle or High School student comes through a cashier line with a reimbursable meal, but does not have funds in their account, the student will be charged for the reimbursable meal and be reminded discreetly of the charge policy. All meals will be processed as program meals and will be charged to the student’s meal account accordingly.

Parents of students with negative account balance will receive School Messenger phone calls Sunday-Thursday to remind them to make a payment to cover their student’s negative balance.

**Site Manager Responsibilities—**

The Site Manager will run the Account Balance report for accounts with negative balances in excess of $5.00 and will take the following actions, logging all steps on a Student Account Log (form attached):

1. Send a copy of the student’s Customer History report, a Free/Reduced Price Meal application, and Negative Balance letter home to the parent via the school secretary or teacher once a week for two weeks. This information is to be sent in a plain, white, un-marked envelope. Documentation of information and process is to be made and kept on-site.

2. By the third week, if the account is still negative, and no payment has been made, the Site Manager will contact the School Liaison, in regards to:
   a. The Site Manager will give the Liaison the student’s Customer History report, and
   b. The date first contact was sent to the student’s family.
   c. The Site Manager will ask the Liaison to follow up with the family to see if they have any questions and find out if help is needed in filling out the Free/Reduced Price Meal application.
   d. The Site Manager will fill out the Student Account log noting the date of contact with the Liaison.
   e. The Site Manager will ask that the Liaison note the date contact was made with the student’s family.
   f. Site Manager will obtain all documentation.
3. If a negative balance persists after the 4th week, and/or there has been no reported payments, the Site Manager will scan the Student Account log and send to their Supervisor and to the Free And Reduced Specialist.

Free And Reduced Specialist Responsibilities-
The Free And Reduced Specialist will monitor account balances of students and maintain documentation of when attempts have been made.

1. The Free And Reduced Specialist will run the Account Balance report for negative balances and will review the Student Account log set of information sent from the Site Manager for, but not limited to:
   a. Documented account information sent to the family,
   b. Documented information provided by FSL in order to determine if there is a potential hardship and provide documentation & discussion with the NS Director for directives on next steps.
   c. Customer history will also be looked at in the following areas:
      i. Was the student previously qualified for free- and/or reduced-priced meals?
      ii. Has the student consistently run a negative balance?
      iii. Have payments been made, or are payments being made?

   Based on review outcome of the above, the Free And Reduced Specialist will send negative balance letters with the student’s Customer History report and a Free and Reduced Application via email or by mail.

2. If a family has a negative balance at the time they become classified as eligible for either free or reduced price-meal status, having moved from full-pay to either reduced or free status or having moved from reduced to free status, the family is still responsible for the negative balance accrued under the previous meal payment classification.

3. Attempts made to contact families with negative balances, other than automated phone calls, must be logged.

Donations
Individuals wanting to donate may make donations to individual schools to pay off all or some unpaid meal charges. Parents/Guardians of students who are graduating or transferring out of the district can donate the positive balance in their student’s meal account to pay off other students’ unpaid meal charges. Requests should be submitted to the Nutrition Services Department with the student’s name and ID number.

Unclaimed Funds
All refunds must be requested within 90 calendar days of the last day of the current school year. After 90 calendar days from the last day of the current school year, unclaimed funds of students no longer enrolled become the property of the Independence School District and will be used for other student’s unpaid meal charges at the building that student last attended.

By law, Food and Nutrition Services funds cannot be used to cover bad debts such as unpaid meal charges. Therefore, unpaid meal charges remaining at the end of the school year will be paid by the school where the student accrued the debt.
District employees are mandated by the State of Missouri to report any instances of suspected abuse or neglect to the Children’s Division (CD) of the Department of Social Services. District personnel will report to the CD any instance where a student’s arrival at school with no provision for food leads to a reasonable cause to suspect neglect.

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) email: program.intake@usda.gov.

This institution is an equal opportunity provider.