



**LETTER TO PARENTS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

Children need healthy meals to learn. Columbia Public Schools offers healthy meals every school day. Breakfast cost is \$1.55 for grades K-12, lunch cost is \$2.45 for grades K-5 students and \$2.70 for grades 6-12 students. Your child(ren) may qualify for free or for reduced price meals. Reduced price is \$ .30 for breakfast and \$ .40 for lunch.

Household Size	Annually	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each add'l person add	\$7,511	\$626	\$145

1. **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. To fill out and submit an application online, go to <http://columbiaps93.heartlandapps.com>. If you would rather fill out a paper copy, one can be obtain at your school's office or cafeteria, the Public Library, WalMart or online at <http://www.columbia.k12.mo.us/depts/nutrsvcs.php>. Return the completed application to one of the following locations: Your school's cafeteria, or Nutrition Services Office, 1818 W. Worley St., Columbia, MO 65203 **only**.
2. **WHO CAN GET FREE MEALS?** All children in households getting Food Stamps, Temporary Assistance, or the Food Distribution Program on Indian Reservations can get free meals regardless of income. Also, your child(ren) can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS?** Please call Carla London or Cathy Ash 573-214-3400 to see if your child(ren) qualify, if you have not been informed that they will receive free meals.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your child(ren) can get low cost meals if your household income is within the reduced price limits.
6. **SHOULD I FILL OUT AN APPLICATION IF I GOT A LETTER THIS SCHOOL YEAR SAYING MY CHILD(REN) ARE APPROVED FOR FREE OR REDUCED PRICE MEALS?** Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2014-2015 school year.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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(ren) is eligible for the new school year. All charges accumulated prior to submittal and approval of an application will be responsibility of the household and will require payment.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC **may** be eligible for free or reduced price meals. **Please fill out an application.**

9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food Stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk with a program administrator. You also may ask for a hearing by calling or writing to: Columbia Public Schools, Attn: Linda Quinley, CFO/COO, 1818 W. Worley Street, Columbia, MO 65203 or 573-214-3416.
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
15. **WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Exclude military combat pay received by service members during a deployment. All other allowances must be included in your gross income.

If you have other questions or need help, call 573-214-3480.

Sincerely,

*Laina Fullum RD, LD*  
**Director of Nutrition Services**  
**Columbia Public Schools**  
**573-214-3480**  
[Lunch@Columbia.k12.mo.us](mailto:Lunch@Columbia.k12.mo.us)

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**2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION – COMPLETE ONE APPLICATION PER HOUSEHOLD**

Check here if a new CPS student

**PART 1. FOOD STAMP/TEMPORARY ASSISTANCE BENEFITS**

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives the benefits below. Also complete Part 2, numbers 1, 2, and 3 for all students in the household. If no one receives benefits, fill out Part 2 completely.

Name: \_\_\_\_\_ Case Number: 0 0 \_\_\_\_\_

**PART 2. HOUSEHOLD INFORMATION**

1. Name – list everyone in household If Part 1 is complete list only students	2. Name of school building Name of school building for each child/student or indicate N/A if not in school	3. Grade	4. Check if a foster child legal responsibility of welfare agency or court	5. Gross income and how often it was received (weekly, every 2 weeks, 2x per month, monthly, yearly)								6. Check if no Income	
				Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, social security, SSI, and VA benefits		All other income			
				Income	How often	Income	How often	Income	How often	Income	How often		
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**PART 3. HOMELESS, MIGRANT, OR RUNAWAY STUDENT**

If any student you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

**PART 4. SIGNATURE (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 2 is completed, the adult signing the application must also list his or her last four digits of their social security number or mark the "I do not have a social security number" box. (See Privacy Act Statement.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Last 4 digits of social security number: \* \* \* - \* \* - \_ \_ \_ \_  I do not have a social security number

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.

**PART 5. STUDENT'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

Mark ethnic identity  
 Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities  
 Asian       Black or African American       Native Hawaiian or Other Pacific Islander  
 White       American Indian or Alaska Native

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(PDF\)](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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

**ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 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: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_  
 Confirming Official's Signature (For verification purposes only): \_\_\_\_\_ Date: \_\_\_\_\_

**IF YOUR HOUSEHOLD GETS FOOD STAMPS OR TEMPORARY ASSISTANCE, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** If any child or adult in the household receives Food Stamps or Temporary Assistance benefits, provide the name of the person receiving the benefits and the case number. Food Stamp/Temporary Assistance case numbers are a ten-digit number; the first two digits currently are "00" and are printed on the application. A 16-digit Electronic Benefit Transfer (EBT) Card number is NOT acceptable. Currently, an EBT number starts with "5076". If you do not know your Food Stamp/Temporary Assistance case number, call the local Family Support Division, Social Services office.
- Part 2:** List Student(s) name(s), school building and grade.
- Part 3:** Skip this part.
- Part 4:** Sign the application. The last four digits of a social security number are not required.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

**IF ANY STUDENT YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CONTACT THE SCHOOL/DISTRICT HOMELESS LIAISON/MIGRANT COORDINATOR.****IF YOU ARE APPLYING FOR A FOSTER CHILD OR A HOUSEHOLD WITH A FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** List student(s) name(s), school building and grade. Check the box if the student is a foster child (legal responsibility of welfare agency or court). Provide the amount of the foster child's personal use income or earnings. Write "0" if the foster child has no personal use income. List all non-foster children in the household, name of school building, and grade and any income they receive. If there are non-foster children in the household, follow directions in All Other Households, Part 2, columns 1, 5 and 6.
- Part 3:** Skip this part.
- Part 4:** If the form is only for foster children, the last four digits of the social security number of the adult signing the form are not necessary. If non-foster children are in the household, list the last four digits of the social security number of the adult signing the form or check the box if they do not have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:** Skip this part.
- Part 2:** Follow these instructions to report total household income from last month:
- Column 1–Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends) including yourself. Attach another sheet of paper if you need more room to list all household members.
- Column 2 – Name of School Building:** Indicate the school building each student attends.
- Column 3 – Grade:** Indicate the grade level of each student.
- Column 4 – Foster Child:** If any student is a foster child (legal responsibility of a welfare agency or court), check the box.
- Column 5 –Gross income last month and how often it was received:** Next to each household member's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony, pensions, retirement, social security and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.
- Column 6–Check if no income:** If the person does not have any income, check the box.
- Part 3:** Skip this part.
- Part 4:** An adult household member must sign the form and list the last four digits of the social security number of the adult signing the form, or mark the box if he or she doesn't have a social security number.
- Part 5:** Indicate ethnic and racial identity if you choose to do so.

# 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.

Printed name of parent/guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_