

# Child Nutrition Services, Tulsa Public Schools

8934 E Latimer St, Tulsa Ok, 74115

918-833-8690 or 918-833-8673

Email: [frmeals@tulsaschools.org](mailto:frmeals@tulsaschools.org), or [cns@tulsaschools.org](mailto:cns@tulsaschools.org)

2016– 2017

Children need healthy meals to learn. Tulsa Public Schools offers healthy meals every school day. Below are some common questions and answers to help you with the application process.

## Q & A FREQUENTLY ASKED QUESTIONS

- **Q. Do I need to fill out an application for each child?**
- A. 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 the cafeteria manager.**
  
- **Q. Who can get free or reduced-priced meals?**
- A. All children in households receiving benefits from Supplemental Nutritional Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distributions Program on Indian Reservations (FDPIR) are eligible for free meals. Foster children who 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 the chart.
  
- **Q. How do I know if my children qualify as Homeless, Migrant, or Runaway?**
- A. 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 have not been told your children will get free meals, please call or email 918-746-6241 or [huertke@tulsaschools.org](mailto:huertke@tulsaschools.org).
  
- **Q. My child's application was approved last year. Do I need to fill out a new one?**
- A. Yes. Your child's application is only good for that school year and for the first few days of this school year, through October 3, 2016. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
  
- **Q. Can I apply online?**
- A. Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.tulsaschools.org/meal\\_applications](http://www.tulsaschools.org/meal_applications) to begin or to learn more about the online application process. Contact Child Nutrition at 918-833-8690 or [frmeals@tulsaschools.org](mailto:frmeals@tulsaschools.org) if you have any questions about the online application.
  
- **Q. What if I disagree with the school's decision about my application?**
- A. You should talk to school officials. You also may ask for a hearing by calling or writing to: Family Applications, 8934 E. Latimer St., Tulsa, OK 74115 918-833-8673, [frmeals@tulsaschools.org](mailto:frmeals@tulsaschools.org).
  
- **Q. I get WIC. Can my children get free meals?**
- A. Children in households participating in WIC - *MAY* be eligible for free or reduced-price meals. Please send in an application.
  
- **Q. May I apply if someone in my household is not a United States (U.S.) citizen?**
- A. Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduce-price meals.
  
- **Q. We are in the military. Do we report our income differently?**
- A. 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, it must also be included as income. However, if your housing 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.
  
- **Q. Should I fill out an application if I receive a letter this school year saying my children are already approved for free meals?**
- A. 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 Child Nutrition at 918-833-8690 or [frmeals@tulsaschools.org](mailto:frmeals@tulsaschools.org).
  
- **Q. What if some household members have no income to report?**
- A. Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. 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.
  
- **Q. My family needs more help. Are there other programs we might apply for?**
- A. To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-411-1877.
  
- **Q. What if there is not enough space on the application for my family?**
- A. List any additional household members on a separate piece of paper, and attach it to your application. Contact Family Applications, 8934 E. Latimer St., Tulsa, OK 74115 or 918-833-8690 or [frmeals@tulsaschools.org](mailto:frmeals@tulsaschools.org) to receive a second application.
  
- **Q. What if my income is not always the same?**
- A. List the amount that you **normally** receive. For example, if you normally make \$1,000 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.
  
- **Q. Will the information I give be checked?**
- A. Yes, and we may also ask you to send written proof of the household income you report.
  
- **Q. If I do not qualify now, may I apply later?**
- A. 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 or reduced-price meals if the household income drops below the income limit.

If you have any other questions or need help, call: 918-833-8673

**INSTRUCCIONES (INSTRUCCIONES):**

**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU—THEY DO NOT HAVE TO BE RELATED TO YOU TO BE PART OF YOUR HOUSEHOLD**

<p><b><u>If you are applying for a FOSTER CHILD, follow these instructions:</u></b>                  If <u>ALL</u> children in the household are foster children:  <b>Part 1:</b> List all foster children, the name of school for each child, each child's grade, and each child's birth date. Check the box indicating the child is a foster child.  <b>Part 2:</b> Skip this part.  <b>Part 3:</b> Skip this part.  <b>Part 4:</b> <u>Sign</u> form. The last four digits of the Social Security Number is not necessary.  <b>Part 5:</b> Answer this question if you choose to. (back page)  <b><u>If some of the children in the household are foster children:</u></b>  <b>Part 1:</b> List all household members, the name of the school for each child, each child's grade, and each child's birth date. Check the box if the child is a foster child.  <b>Part 2:</b> If the household does not have a case number, skip this part.  <b>Part 3:</b> Follow the instructions to report total household income from this month or last month.  <b>Part 4:</b> Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.  <b>Part 5:</b> Answer this question if you choose to. (back page)</p>	<p><b><u>If your household receives benefits from SNAP, TANF or FDPIR, follow these instructions:</u></b>  <b>Part 1:</b> List all household members, the name of school for each child, each child's grade, and each child's birth date.  <b>Part 2:</b> List the name and case number for any household member (including adults) receiving SNAP, TANF, or FDPIR benefits.  <b>Part 3:</b> Skip this part.  <b>Part 4:</b> <u>Sign</u> the form. The last four digits of a social security number is not necessary.  <b>Part 5:</b> Answer this question if you choose to. (back page)    <b><u>If no one in your household gets SNAP, TANF, OR FDPIR benefits, and if any child in your household is homeless, a migrant, or runaway, follow these instructions:</u></b>  <b>Part 1:</b> List all household members, the name of school for each child, each child's grade, and each child's birth date.  <b>Part 2:</b> Skip this part.  <b>Part 3:</b> Complete only if a child in your household is not eligible under part 2. See instructions for All Other Households.  <b>Part 4:</b> Sign the form. The last four digits of a social security number are NOT necessary if you did not need to fill in Part 3.  <b>Part 5:</b> Answer this question if you choose. (back page)</p>	<p><b><u>All other households, including WIC households, follow these instructions:</u></b>  <b>Part 1:</b> List all households members, the name of school for each child, each child's grade, and each child's birth date.  <b>Part 2:</b> If the household does not have a case number, skip this part.  <b>Part 3:</b> Follow these instructions to report total household income from this month or last month.  <b>Column 1-Name:</b> List all household members with income.  <b>Column 2-Gross income and how often it was received:</b> For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the <i>gross income</i>, not the take-home pay. Gross income is the amount earned BEFORE taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under <i>Other Income</i>, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by family from the placing agency. For ONLY the self-employed, under <i>Earnings from Work</i>, report income after expenses. This is for your business, farm, or rental property.  <b>Part 4:</b> Adult household member must <u>sign</u> the form and list his or her last four of their Social Security number in Part 3, or mark the box if he/she does not have one.  <b>Part 5:</b> Answer this question if you choose to. (back page)</p>
<p><b><u>Siga estas instrucciones si hace la solicitud por parte de un niño que esté bajo servicios sociales (FOSTER CHILD):</u></b>                  Si TODOS los niños en el hogar son Foster Child:  <b>Parte 1:</b> Anote el nombre de todos los niños, la fecha de nacimiento, la escuela, y su grado escolar. Chequea la cajita que indica que es un <i>foster child</i>.  <b>Parte 2:</b> Omite esta sección.  <b>Parte 3:</b> Omite esta sección.  <b>Parte 4:</b> <u>Firme</u> la forma. No es necesario los ultimos cuatro números del seguro social.  <b>Parte 5:</b> Opcional (pagina detrás)    <b>Si ALGUNOS de los niños en el hogar son <i>Foster Child</i>:</b>  <b>Parte 1:</b> Anote todos los miembros en el hogar, la fecha de nacimiento del estudiante, la escuela, y su grado escolar. Para cualquier miembro del hogar incluyendo cualquier niño, que no tenga ingreso, tienes que marcar la cajita .. <i>no hay ingresos</i>. Marque la cajita si es un <i>Foster Child</i>.  <b>Parte 2:</b> Si el hogar no tiene numero de caso, omite ésta parte.  <b>Parte 3:</b> Siga las instrucciones para reporter ingresos totales del mes presente ó del mes anterior.  <b>Parte 4:</b> Un adulto del hogar tienes que firmar la forma al igual poner los ultimos 4 digitos de su numero seguro social ó marquee la cajita que dice .. <i>no tiene un Numero de Seguro Social</i>.  <b>Parte 5:</b> Responda a ésta pregunta si deseas. (pagina detrás)</p>	<p><b><u>Si su unidad familiar recibe SNAP ó TANF ó FDPIR, siga estas instrucciones:</u></b>  <b>Parte 1:</b> Lista <u>todos</u> los miembros del hogar, el nombre escolar de cada niño, el grado y fecha de nacimiento de cada niño.  <b>Parte 2:</b> Lista el nombre y número de caso de la persona que estás recibiendo beneficios.  <b>Parte 3:</b> Omite ésta sección.  <b>Parte 4:</b> <u>Firme</u> la forma. No es necesario los ultimos 4 números de seguro social.  <b>Parte 5:</b> Opcional (pagina detrás)    <b><u>Si nadie en su hogar recibe beneficios de SNAP, TANF, ó FDPIR, y si cualquier niño en su hogar está sin hogar, migrante, ó escapado, siga éstas instrucciones:</u></b>  <b>Parte 1:</b> Lista todos los miembros del hogar, el nombre de la escuela de cada niño, el grado y fecha de nacimiento.  <b>Parte 2:</b> Omite ésta sección.  <b>Parte 3:</b> Vea las instrucciones que dice <i>Cualquier otra unidad familiar</i>.  <b>Parte 4:</b> <u>Firme</u> la forma. Los ultimos cuatro digitos de un numero de seguro social no es necesario si no llenaste la Parte 3.  <b>Parte 5:</b> Opcional (pagina detrás)</p>	<p><b><u>Cualquier otra unidad familiar (se incluyen las del programa WIC), siga éstas instrucciones:</u></b>  <b>Parte 1:</b> Lista todos los miembros del hogar, el nombre escolar de cada niño, el grado y fecha de nacimiento de cada niño. Para cualquier persona, incluyendo los niños, sin ingresos, tienes que marcar la cajita de dice <i>no hay ingresos</i>.  <b>Parte 2:</b> Si nadie en el hogar tiene un numero de caso de beneficios, omite ésta parte.  <b>Parte 3:</b> Siga éstas instrucciones para informar sobre todos ingresos de la unidad familiar de éste mes ó del mes pasado.  <b>Columna 1-Nombre:</b> Anote todos los miembros del hogar que reciben ingresos.  <b>Columna 2-Ingresos brutos y la frecuencia que lo recibes:</b> Para cada miembro del hogar, anote cada tipo de ingreso que recibistes por el mes. Tienes que anotar la frecuencia de sus ingresos al mes, semanal, cada otra semana, dos veces al mes, ó mensual. Los ingresos tiene que ser los <b>ingresos brutos</b>, no los ingresos neto. Los ingresos brutos son los ingresos ANTES de impuestos y otras deducciones. Para otros ingresos, marque la cantidad cada persona recibes para welfare, manutención de los hijos, pensión alimenticia, pensiones, ingreso de retiro, seguro social, ingreso de seguridad suplementaria (SSI), beneficios de veteranos (VA), y beneficios de incapacidad. Bajo la sección <i>otros ingresos</i>, anote cualquier remuneración del trabajo, desempleo ó beneficios de huelga, contribuciones regulares de personas que no viven en el hogar, ó cualquier otros ingresos. No incluya ingresos de SNAP, TANF, FDPIR, WIC, beneficios federales de educación, y ingresos recibidos de pagareses de <i>foster</i> de la agencia. Para aquellos trabajadores independientes solamente: bajo la sección ingresos del <i>trabajo antes de las deducciones</i>, anote los ingresos despues de sus gastos. Esto es para su negocio, hacienda, ó propiedad de renta.  <b>Parte 4:</b> Un adulto del hogar tienes que firmar la formar al igual poner los ultimos 4 digitos de su numero seguro social ó marque la cajita que dice .. <i>no tiene un Numero de Seguro Social</i> en la Parte 3.  <b>Parte 5:</b> Opcional (pagina detrás)</p>



# APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2016-2017

(see opposite page for instructions/véase la hoja ajunta para las instrucciones)

1001164564

## One Application per Household (Una Aplicación por hogar)

**\*\*ALL INFORMATION INDICATED IN RED MUST BE COMPLETED / NO SE APROBARÁ UNA SOLICITUD INCOMPLETA!\*\***

USE BLUE OR BLACK INK (Use tinta azul ó negra)  
PRINT NEATLY (Use letra de imprenta cuidadosamente)

### **PART 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)

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.

Office Use Only (Sólo Uso Oficial) Do not write below (No escriba nada aquí)	Names of ALL Household Members (Nombre de TODOS los miembros del hogar)			Birth Date (Fecha de Nacimiento dia/mes/año)	Grade (Grado)	Tulsa Public School Name (Escuela de TPS) (Indicate NA if Person is Not in School) (Indica NA si la persona no está asistiendo la escuela)	Student (Estudiante)	Foster Child** (Check if a Foster Child (Marque si un Foster Child))	Homeless, Migrant, Runaway (Desamparado, Emigrante, En Fuga)
	First Name (Nombre)	MI	Last Name (Apellido)				Y N	<input type="checkbox"/>	<input type="checkbox"/>
							Y N	<input type="checkbox"/>	<input type="checkbox"/>
							Y N	<input type="checkbox"/>	<input type="checkbox"/>
							Y N	<input type="checkbox"/>	<input type="checkbox"/>
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							Y N	<input type="checkbox"/>	<input type="checkbox"/>
							Y N	<input type="checkbox"/>	<input type="checkbox"/>
							Y N	<input type="checkbox"/>	<input type="checkbox"/>

\*\* A Foster Child is the legal responsibility of welfare agency or court. If all children in the household are foster children, skip to Part 4 to sign this form. Un Foster Child es la responsabilidad de la agencia de welfare ó de la corte. Si todos los niños en el hogar es un Foster Child, váyase a la parte 4 para firmar esta forma.

### **REFUSAL OF BENEFITS (RECHAZO DE LOS BENEFICIOS)** Preferred Notification Letter (Carta de Notificación Preferida)

Check this box if you **do not** want meal benefits for your child(ren). Verify the students are listed in Part 1, then sign in PART 4.  
(Marque este casillero si usted no desea que su(s) hijo(s) reciba(n) los beneficios de comidas. Verifique a los estudiantes que han sido listados en la Parte 1, luego firme en la PARTE 4).

English (Ingles)     Spanish (Español)

### **PART 2** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If any member of your household receives SNAP, TANF, or FDPIR, provide the case number skip to Part 4. If no one receives these benefits, complete Part 3.  
(Si algún miembro del hogar recibe SNAP, TANF, ó FDPIR, provee el numero de caso y váyase a la parte 4. Si nadie recibe estos beneficios, váyase a la parte 3).

Case Number (Número de Caso):

### **PART 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 income earned by all children listed in Section 1. \$  How often  W  E  T  M

B. All Adult Household Members (Including Yourself) List all household members not listed in PART 1 (including yourself), even if they do not receive income. For each household member listed, if he/she receives income, report total income for each source in whole dollars 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.  Anoté todos los miembros del hogar parientes o no. Si el miembro del hogar recibe ingresos, claramente anote la cantidad y que tan seguido lo recibe. Si no recibe ningún ingreso, escriba "0". Si usted puso "0" o lo dejó en blanco, usted está certificando (prometiendo) que no hay ingresos a reportar.	1. Name (Nombre) List ONLY household members with income (Anoté solamente los miembros del hogar con ingreso)	2. Gross income in whole dollars and how often it was received (Ingreso total y con qué frecuencia se recibe) (W = weekly (semanal), (E) = every 2 week (quincena), (T) = twice per month (dos veces por mes), (M) = monthly (mensual))														
		Earnings from work before deductions (Ingresos del trabajo antes de las deducciones)	How often				Welfare, child support, alimony (Asistencia social, pensión para niños, pensión alimenticia)	How often				Pensions / Retirement / All Other Incomes (Jubilación, pensiones, Otros ingresos)	How often			
			Weekly	Every 2 Weeks	2 X Monthly	Monthly		Weekly	Every 2 Weeks	2 X Monthly	Monthly		Weekly	Every 2 Weeks	2 X Monthly	Monthly
1)	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M		
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4)	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M	<input style="width: 40px;" type="text"/>	<input type="radio"/> W <input type="radio"/> E <input type="radio"/> T <input type="radio"/> M		

Total Household members (Children and Adults)  Last Four Digits of the Primary Wage Earner or Other Adult Household Member's Social Security Number (SSN)     -   -   Check if no SSN (Marque aquí si no SSN)

Total los miembros de la familia (niños y adultos) en la caja  Los últimos cuatro dígitos de la primaria asalariado o número de Seguridad Social de otro adulto miembro del hogar     -   -   Marque aquí si no SSN

### **PART 4** Contact information and adult 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. Yo certifico (prometo) que toda la información en esta solicitud es verdadera y que he puesto todos los ingresos. Entiendo que esta información se da en relación con el recibo de fondos federales y que funcionarios escolares pueden verificar (comprobar) la información. Tengo plena conciencia de que si deliberadamente doy información falsa, mis hijos pueden perder los beneficios de comidas y puedo ser enjuiciado según las leyes estatales y federales aplicables.

Signature (Firma)  Printed First Name of Adult Completing the Form (Nombre de  Printed Last Name (Apellido del Padre/Tutor)  Date (Fecha en que se firmo)  /  / 201

(  )  -  Address - if applicable (Dirección postal)  Apt #  City (Ciudad)  OK  State  Zip Code  E-mail Address (Correo Electronico)

Daytime Phone - optional (Teléfono del día - opcional)  Address - if applicable (Dirección postal)  Apt #  City (Ciudad)  OK  State  Zip Code  E-mail Address (Correo Electronico)

**PART 5 - CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

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 children for free or reduced price meals. You must include the last four digits of 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 the Needy Families (TANF), 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 children 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 United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, 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 [ASL]) 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.
3. E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

If you have any questions or need help in completing the application form, please contact us. You will be notified of the approval or denial of this application. Please answer all questions on the application. **Incomplete applications cannot be approved.**

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits of this chart:

**Federal Eligibility Income Chart for School Year 2016-2017**

Household Size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

<b>Meal Prices for 2016-2017</b>			
<b>Breakfast</b>		<b>Lunch</b>	
Secondary	\$1.10	Secondary	\$2.80
Reduced	\$0.30	Reduced	\$0.40

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, ***the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.*** Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

***No! I DO NOT*** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked ***No***, fill out the form below to ensure that your information is ***NOT*** shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

For more information, you may call your child's school.