

**Dear Parent/Guardian:**

Children need healthy meals to learn. **Coeur d’Alene Public Schools** offers healthy meals every school day. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. 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.

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 District 271. The application must be filled out completely to certify your children for free or reduced price meals. **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**

- A) **List each child’s name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one name per line. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **Is the child a student in the CDA Public Schools?** Mark ‘Yes’ or ‘No’ under the column provided to tell us which children attend CDA Public Schools.
- C) **Do you have any foster children?** If any children listed are foster children, mark the “Foster Child” box next to the child’s name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
- D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the box next to the child’s name and **complete all steps of the application.**

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

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
  - Circle ‘NO’ and skip to STEP 3 on these instructions and STEP 3 on your application. Leave STEP 2 blank.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
  - Circle ‘YES’ and provide a case number for SNAP, TANF, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **Idaho Department of Health & Welfare. You must provide a case number on your application if you circled “YES”. Skip to STEP 4.**

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

- A) **Report all income earned by children.** Child income is money received from outside your household that is paid **directly** to your children.
- B) **List Adult Household member’s name.** Print the name of each household member in the boxes marked “Names of 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 all amounts in **gross income** only. (Gross income is the total income received **before taxes or deductions.**) Report all income in whole dollars. Do not include cents.
  - Write a “0” in any fields where there is no income to report. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
  - Mark how often each type of income is received using the check boxes to the right of each field.
- C) **Report earnings from work.** This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your **net** income.
- D) **Report income from Public Assistance/Child Support/Alimony.** If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.
- E) **Report income from Pensions/Retirement/All other income.**
- F) **Report total household size.** Enter the number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.
- G) **Provide the last four digits of your Social Security Number (SS#).** The household’s primary wage earner or another adult household member must enter the last four digits of their SS# in the space provided. You are eligible to apply for benefits even if you do not have a SS#. If no adult household members have a SS#, leave the space blank and mark the box to the right.

**STEP 4: CONTACT INFORMATION AND ADULT REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

- A) **Provide your contact information.** Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **Sign and print your name.** Print your name in the box and sign your name in the box provided.
- C) **Write Today’s Date.** In the space provided, write today’s date.

**OPTIONAL: CHILDREN’S RACIAL AND ETHNIC IDENTITIES**

**This field is optional and does not affect your children’s eligibility for free or reduced price school meals.**

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, 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 (in Spanish).

This institution is an equal opportunity provider .

<b>Income Chart (before taxes) Effective July 1, 2016 to June 30, 2017</b>			
<b>Household Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
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
<b>For each additional person add</b>	<b>+ 7,696</b>	<b>+ 642</b>	<b>+ 148</b>