

FORT THOMAS

INDEPENDENT SCHOOLS

APPLYING FOR FREE AND REDUCED PRICED SCHOOL MEALS

Dear Parent/Guardian:

*****If you need assistance please read review carefully.*****

As you may be aware, the Fort Thomas Independent School Board decided in 2014 not to participate in the Federal School Lunch Program. However, students who qualify based on the district Household and Income Form will still be able to receive free/reduced priced meals.

Prices are as follows: Breakfast ES \$2.50 - MS/HS \$2.50 and Lunch ES \$3.50 – MS/HS \$3.75. If you qualify for reduced priced meals breakfast is \$.30 and lunch is \$.40. Prices are subject to change in future school years.

All families who wish to apply for free/reduced priced meals are required to complete an application and provide documentation.

There will be a grace period until September 1, 2024 for those students who received free/reduced meals in our school district during the last school year. After that date, only those students whose parent/guardian has completed an application and provided the proper documentation will be eligible.

The following is a list of items requiring documentation. Please send copies along with your application.

*Foster Child- Documentation to prove legal responsibility/guardianship

*Homeless- Contact Jamee Flaherty, Assistant Superintendent 859.815.2011

*No Income- Brief note explaining how you provide food, clothing, and housing for household

We recognize that financial circumstances can change during the course of a school year. As such, a family may apply for free/reduced priced meals at any time.

It is very important to complete your application before the grace period ends in order to ensure that your child will be eligible. A letter will be sent home stating if you qualify for benefits. All information is kept highly confidential.

If you have any questions please contact nancy.gesenhues@fortthomas.kyschools.us.

Sincerely,

Nancy Gesenhues
Food Service Director
Fort Thomas Independent Schools
859.815.2603

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from **KTAP or SNAP** benefits, please follow these instructions.

Part 2: List the case number for one household member (adult or child) who receives **KTAP or SNAP** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Skip this part.

Part 3: Check the appropriate category and call **Nancy Gesenhues at 859.815.2609**.

Part 4: Skip this part.

Part 5: Sign the form.

If you have **foster child(ren) only**, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If **all children in the household are marked as foster children in Part 1:**

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, 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. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

PART 1. ALL HOUSEHOLD MEMBERS				
Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of welfare agency or court) If <u>all</u> children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS
<p>If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.</p> <p>NAME: _____</p> <p>CASE NUMBER: _____</p>

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS
<p>If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your FRAM Coordinator]</p> <p>HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/></p>

PART 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Frequency				Welfare, child support, alimony	Frequency				Pensions, retirement, Social Security, SSI, VA benefits	Frequency				All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly")
		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly	
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / <u>monthly</u>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

PART 5. ACCOUNT SET UP AND SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

If your child qualifies for free or reduced lunch, please indicate how you would like the cafeteria personnel to proceed with account settings if your child is requesting an item that is not on your child's meal plan (details of the meal plans are on the last page).

I approve for my child to charge extras including additional food and drink not covered on the free/reduced plan. I am responsible for all charges over the 2024-2025 school year.

I do not approve for my child to receive any additional item not on my child's food plan.

An adult household member must sign the form.
I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?
- For shared custody situations, both households should submit a form.

DO NOT FILL OUT THIS PART. 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

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ SES Code: Free _____ Reduced _____ Paid _____

Reason: _____

FRAM Coordinator: _____ Date: _____

Secondary Signature: _____ Date: _____