NORFOLK PUBLIC SCHOOLS

August 2019

ELEMENTARY / MIDDLE/ SECONDARY SCHOOLS

Dear Parent/Guardian:

The Norfolk Public Schools uses an electronic accounting and identification system to keep track of student monies and usage within the school lunch program. Middle and Secondary students will be provided a picture ID card. This card will allow students to do the following two things: (l) have a picture ID card; (2) check out books from the library. Each student has a lunch account. Parents may send money to be deposited in their student's account or online payments are available. Please contact us if you have questions regarding this method of payment.

Lunch prices are the following:

Elementary cost per meal is $2.95
Middle School cost per meal is $3.05
Secondary School cost per meal is $3.10
Extra milk is $.50 per carton
Ala Carte will be cash sale only
Reduced lunch cost per meal is $.40
Reduced breakfast cost per meal is $.30
Paid breakfast is $1.60

FEE WAIVER PROGRAM

The Norfolk Public Schools will provide free activities, programs, and services to those children who apply and are approved for free or reduced price meals. However, participation in the program is not necessary. Parents **must** complete the accompanying **Sharing Information with Other Programs** form in order for the District to be able to provide for those activities, programs, and services. Students and parents must complete a Fee Waiver Application prior to the start of each activity. These forms may be obtained from your child's teacher/coach/sponsor/principal.

BREAKFAST/LUNCH PROGRAM PROCEDURES

1. All monies sent to the school for the breakfast/lunch program will be deposited into your student's account. Any amount may be sent in. However, only meals, extra milks, second entrees and second meals will be charged against the account. Ala Carte purchases will be cash only.
2. Only one reimbursable meal per day per student is allowed. If a student wishes to purchase a second meal, that meal cost will be sold at an adult price.
3. **Students may not allow other students to purchase meals from their account.**
4. Each student will be allowed three (3) charges against their account. If those charges are not taken care of, the child may be served crackers and fruit.
5. The Norfolk Public Schools has implemented the "offer versus, serve" procedure in all buildings. Students must select at least three (3) different components plus milk for a reimbursable meal.
6. Students having special dietary requirements must contact the school to make arrangements for the District to meet their needs.

Dear Parent/Guardian:

Children need healthy meals to learn. Norfolk Public Schools offers healthy meals every school day. Elementary breakfast costs $1.60 and lunch is $2.95 Middle school lunch is $3.05, Secondary lunches are $3.10. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is $.40 for lunch and $.30 for breakfast. Extra milk is $.50. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **September 17, 2019** in order to avoid an interruption in meal benefits.

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. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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 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

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 have not been told your children will get free meals, please call or email Mary Luhr, Director of Student Services, 402-644-2500.

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 William R. Robinson, Jr., Associate Superintendent, 512 Phillip Ave., PO Box 139, Norfolk NE 68702-0139, phone 402-644-2500.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS 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 are missing from your eligibility notification, contact Kathy Hoile, 512 Phillip Ave., 402-644-2500 Ext. 1140, kathyhoile@npsne.org immediately

5. CAN I APPLY ON LINE? You are encouraged to complete an online application instead of paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application (Norfolk Public Schools is not set up for online application. Please contact William R. Robinson, Associate Superintendent, 402-644-2500 for further questions.)

6. 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. 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.

7. 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.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. 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.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to Dr. Jami Jo Thompson, Superintendent, 512 Philip Ave., PO Box 139, Norfolk, NE 68702-0139, jamijothompson@npsne.org

11. 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.

12. 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.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income that 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.

14. 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, 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.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICAITON FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Kathy Hoile, 512 Phillip Ave, 402-644-2500, ext. #1140 kathyhoile@npsne.org.

16. MY FAMILY NEEDS MORE HELP. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, please go online to ACCESSNebraska.gov, or call 1-800-383-4278

If you have other questions or need help, call 402-644-2500, Ext. 1140

Sincerely,

Dr. William R. Robinson, Jr.
Director of Business Services /Associate Superintendent

Instructions for Completing the Free and Reduced Priced School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance program (SNAP), Temporary Assistance to Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

Part 1: List each child's name, the school they attend and their grade
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR
Part 3: Skip this part
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For households with FOSTER CHILDREN , follow these instructions:

If all children in the household are foster children:

Part 1: List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

If some of the children in the household are foster children:

Part 1: List all children, including foster children, the school they attend and their grade. Check the box if the child is a foster child.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

Column 2 –Gross Income and How often it was Received: Gross income is the amount earned **before taxes and other deductions:** it is not your take- home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

Salary, wages, cash bonuses

Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)

Allowances for off-base housing, food and clothing.

Do not include income from SNAP, FDPIR, WIC, Federal Education benefits and foster care payments.

Public Assistance/Child Support/Alimony: Includes the following:

Unemployment benefits, Workers' compensation

Supplemental Security Income (SSI), Cash assistance from state or local government

Veteran's benefits (VA benefits), Strike benefits

Child support payments, Alimony payments

Pensions/Retirement/all other income includes the following:

Social Security payments (including railroad retirement and black lung benefits) Private pensions or Disability benefits, Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and Regular cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

Part 4: Complete this part. An adult must sign the form

Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals.

For all other households, follow these instructions

Part 1: List all children, the school they attend and their grade.

Part 2: If the household does not have a Master Case Number, skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column 1–Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends), who share income and expenses. Attach another sheet of paper if necessary.

Column 2 –**Gross income and How Often it was received:** Gross income is the amount earned **before taxes and other deductions**: it is not your take- home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

Salary, wages, cash bonuses.
Net income from self–employment (farm or business)
If you are in the U.S. Military, include:
Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
Allowances for off-base housing, food and clothing.

Do not include income from SNAP, FDPIR WIC, Federal education benefits and foster care payments

Public Assistance /Child Support/Alimony includes the following**:**

Unemployment benefits, Worker's compensation
Supplemental Security Income (SSI), Cash assistance from state or local government
Veteran's Benefits (VA benefits), Strike benefits
Child support payments, Alimony payments

Pensions/Retirement/All Other Income Includes the following **:**

Social Security payments (including railroad retirement and black lung benefits)
Private pensions or Disability benefits
Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income and Regular cash payments received from outside the household.

If you have no income, write “0” or leave the income field blank. If you do this, you are certifying there is no income to report.

Household Size: Enter the total number of people in your household.

Social Security Number: The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled **“**Check if no SSN”.

Part 4: Complete this part. An adult must sign the form.

Part 5: This part is optional and does not affect your children’s eligibility for free or reduced price meals.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2019-20

Return Completed Application to: Norfolk Public Schools ~ PO Box 139 ~ Norfolk, NE 68702

Part 1: Children in School

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child	Name of School Child Attends	Grade
	❑		
	❑		
	❑		
	❑		
	❑		

Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. **Household Members** List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.	**2. Gross Income (before taxes) and How Often it was Received**					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: (Children and Adults) _____

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – __ __ __ __ Check if no SSN ❑

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"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."

Sign here: Print name: Date:

Street Address (if available): Zip: Daytime Phone:

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity: – and – Check one or more Racial Identities:

❑Hispanic or Latino ❑Not Hispanic or Latino

❑Asian ❑White ❑Black or African American ❑American Indian or Alaskan Native ❑Native Hawaiian or other Pacific Islander

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12

Total Household Size:_____

Total Income:_____per
❑Year ❑Month ❑2 X Mo ❑Every 2 Wks ❑Week

❑Free ❑Reduced ❑Denied
❑ Income
❑ Categorically eligible:
❑ *SNAP/TANF/FDPIR*
❑ *Foster Child*
Reason for denial:
❑Income too high
❑Incomplete application

Signature of Determining Official: Date Approved:

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: Date Confirmed:

Date Withdrawn From School:

Signature of Verifying Official:	Date Verified:	

FOR OFFICE USE ONLY

	Weekly	Every 2 Weeks	Twice a Month	Monthly
Income #1	x52	x26	x24	x12
Income #2	x52	x26	x24	x12
Income #3	x52	x26	x24	x12
Total				
+ Yearly Income				
Total Annual Income				

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

FEDERAL INCOME CHART for School Year 2019-20					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional person:	8,177	682	341	315	158

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 are 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.

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

(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals may use their 2018 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced price meal application. The income to be recorded is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses, such as interest on home mortgages, medical expenses, and other similar non-business items are not allowed in reducing gross business income.

USDA has announced that **losses** (negative numbers) on the lines listed below can be used to determine the **total** income for this attachment. If the total income is a negative number, it must then be recorded as zero on the application in the category labeled "All Other Income."

Zero income resulting from the use of Form 1040 does not require follow-up.

Please note: Line **7** cannot be reported as current income. Income from wages or salaries must be reported on the application for the most recent month.

Line **22** (total income) and line **37** (adjusted gross income) may not be used for purposes of applying for free and reduced-price meals.

The required information for determining the allowable income from self-employment is to be taken from the **2018 U.S. Individual Income Tax Return Form 1040**.

Line 12, Business Income (or loss) _____

Line 13, Capital Gain (or loss) _____

Line 14, Other Gains (or losses) _____

Line 17, Rental Real Estate, etc. _____

Line 18, Farm Income (or loss) _____

Total of above lines: _____ **Equals annual self-employed income***

NOTE: if any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.

This attachment is used only to report income from self-employment and/or farming.

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the application.

*This figure can be reported on the application under "Earnings from Work"

Office Use Only

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F R D

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

☐ No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked "no", stop here. You do not have to complete or send in this form. Your information will not be shared and will void any fee waiver application.

☐ Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with appropriate school officials for the purposes of the student fee waiver program as well as others programs marked below:

☐ Migrant Education Program

Provides services and school supplies for kindergarten through 12th grade students of new Norfolk families in agricultural occupations

☐ Five Star Leadership Program

Provides support services to first generation, underserved high school students in preparing for college.

☐ Johnson-O'Malley Program

Provides school supplies / fee payments for kindergarten through 12th grade Native American students only

☐ Duke University Talent Search

An assessment program only for qualified 7th grade students

☐ Community Civic organizations

A variety of community service clubs that provide food and gifts to needy families of kindergarten through 12th grade students

☐ Student Health Fund

A United Way funded organization that pays for emergency health care for kindergarten through 12th grade students

If you checked yes to any or all of the boxes above, please make sure correct information is listed below for each student and the parent / guardian. Your information will be shared only with the programs you checked.

STUDENT	SCHOOL	GRADE	BIRTHDATE	AGE

For more information, you may call the Business Office, 644-2505 Return this form to: Norfolk Public Schools, PO Box 139, Norfolk NE 68702-0139

_____ _____

Signature of Adult Household Member Date