HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS or SPECIAL MILK PROGRAM

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, <u>even if your children attend more than one school in this district.</u> The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Teresa Shirey at 267-893-2065 or email at:** <u>tshirey@cbsd.org</u>.

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

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending school in the Central Bucks School District, regardless of age.

A) List each child's name. Print each child's	B) Is the child a student in the	C) Do you have any foster children? If any children	D) Are any children homeless, migrant,
name. Use one line of the application for each	Central Bucks School District?	listed are foster children, mark the "Foster Child"	or runaway? If you believe any child
child. When printing names, write one letter in	Mark 'Yes' or 'No' under the	box next to the child's name. If you are ONLY	listed in this section meets this
each box. Stop if you run out of space. If there	column titled "Student" to tell us	applying for foster children, after finishing STEP 1,	description, mark the "Homeless,
are more children present than lines on the	which children attend <mark>a school in</mark>	go to STEP 4.	Migrant, Runaway" box next to the
application, attach a second piece of paper	the Central Bucks School District. If	Foster children who live with you may count as	child's name and complete all steps of
with all required information for the additional	you marked 'Yes,' write the grade	members of your household and should be listed on	the application.
children.	level of the student in the 'Grade'	your application. If you are applying for both foster	
	column to the right.	and non-foster children, go to step 3.	

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- The Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above	B) If anyone in your household participates in any of the above listed programs:				
listed programs:	• Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in o				
• Leave STEP 2 blank and go to STEP 3.	of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office.				
	• Go to STEP 4.				

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - o Gross income is the total income received before taxes
 - o Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

reduced to pay for taxes, insurance	premiums, or any c	other amounts taken from your pay.							
• Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are									
certifying (promising) that there is no i	certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.								
Mark how often each type of income is received using the check boxes to the right of each field.									
3.A. REPORT INCOME EARNED BY CHILDREN									
A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only									
count foster children's income if you are applying for them together with the rest of your household.									
What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.									
3.B REPORT INCOME EARNED BY ADULTS									
Who should I list here?									
		mbers in your household who are livin	g with you and	share inco	ome and expenses, even if they are not related and even				
if they do not receive income of their o	own.								
Do NOT include:									
 People who live with you but are not supported by your household's income AND do not contribute income to your household. 									
 Infants, Children and students already listed in STEP 1. 									
B) List adult household members'		C) Report earnings from work. Report all income from work in the			D) Report income from public assistance/child				
names. Print the name of each	-	"Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed			support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do				
household member in the boxes marked "Names of Adult Household Members			· · · · · · · · · · · · · · · · · · ·						
(First and Last)." <u>Do not list any</u>	business or farm owner, you will report your net income.not report the cash value of any public assistance benefits NOTlisted on the chart. If income is received from child support or								
household members you listed in STEP 1 .					alimony, only report court-ordered payments. Informal but				
If a child listed in STEP 1 has income,	What if I am self-employed? Report income from that work as a net				regular payments should be reported as "other" income in the				
follow the instructions in STEP 3, part A.		amount. This is calculated by subtracting the total operating			next part.				
	expenses of your business from its gross receipts or revenue.								
E) Report income from	F) Report total household size. Enter the total number of household G) Provide the last four digits of your Social Security Number.								
pensions/retirement/all other income.	members in the field "Total Household Members (Children and An adult household member must enter the last four			-					
Report all income that applies in the	Adults)." This number MUST be equal to the number of household their Social Security Number in the space provided. You are								
"Pensions/Retirement/ All Other	members listed in STEP 1 and STEP 3 . If there are any members of eligible to apply for benefits even if you do not ha								
Income" field on the application.	your household that you have not listed on the application, go back Security Number. If no adult household members have a Social								
	and add them. It is very important to list all household members, as			Security Number, leave this space blank and mark the box to the					
	the size of your household affects your eligibility for free and reduced price meals.		e anu	right labeled "Check if no SSN."					
	reduced price me	als.							
STEP 4: CONTACT INFORMATI	ON AND ADU	LT SIGNATURE							
All applications must be signed by an adul	t member of the ho	ousehold. By signing the application,	that household	l 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	•	B) Print and sign your name. Print	C) Write toda		D) Share children's racial and ethnic identities				
address in the fields provided if this information is available.		the name of the adult signing the	In the space p		(optional). On the back of the application, we ask you				
If you have no permanent address, this does not make your		application and that person signs	write today's o	date in	to share information about your children's race and				
children ineligible for free or reduced price school meals.		in the box "Signature of adult."	the box.		ethnicity. This field is optional and does not affect your				
Sharing a phone number, email address, or both is optional,					children's eligibility for free or reduced price school				
but helps us reach you quickly if we need to	o contact you.				meals.				