2023 - 2024 Delaware Prototype Meal Benefit Form

Apply online: www.lunchapplication.com

Complete one application per household. Please use a pen (not a pencil).

Definition of Household	Child's First Name	МІ	Child's Last Name			Grade S	Homeless, Student? Foster Migrant, as No Child Runaway
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.							
STEP 2 Do any H	lousehold Members (including you) curren	ntly participate in	one or more of the following	g assistance progran	ns: SNAP, TANF, or FDPIR?		
	If NO > Go to STEP 3. If YE	·			Case Number:		
	If NO > Go to STEP 3. If YES	S > VVrite a case	number here then go to STEP 4	4 (Do not complete STE	<u>-P 3</u>)	Write o	nly one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip this	s step if you answ	ered 'Yes' to STEP 2)				
	A Child Income					How often?	
	A. Child Income Sometimes children in the household earn or re Household Members listed in STEP 1 here	eceive income. Plea	se include the TOTAL income rece	eived by all			
	Sometimes children in the household earn or re Household Members listed in STEP 1 here.		se include the TOTAL income rece	eived by all	Child income Weekly		
Are you unsure what income to include here?	Sometimes children in the household earn or re Household Members listed in STEP 1 here. B. All Adult Household Members (inclu List all Household Members not listed in STEP	u ding yourself) 1 (including yoursel	f) even if they do not receive incon	ne. For each Household	\$ O Member listed, if they do receive	Bi-Weekly 2x Month Monthly income, report total gr	. ,
income to include here? Flip the page and review	Sometimes children in the household earn or re Household Members listed in STEP 1 here. B. All Adult Household Members (inclu	uding yourself) 1 (including yoursel /. If they do not rece	f) even if they do not receive incon	ne. For each Household '0'. If you enter '0' or lea Public Assistance/	\$ O Member listed, if they do receive	Bi-Weekly 2x Month Monthly 2x Month Monthly e income, report total gr fying (promising) that th Pensions/Retirement/	here is no income to report.
income to include here? Flip the page and review the charts titled "Sources of Income" for more	Sometimes children in the household earn or re Household Members listed in STEP 1 here. B. All Adult Household Members (inclu List all Household Members not listed in STEP	Ling yourself) 1 (including yoursel /. If they do not rece Earnings from Work	f) even if they do not receive incon ive income from any source, write	ne. For each Household '0'. If you enter '0' or lea Public Assistance/ Child Support/Alimony	\$	Bi-Weeky 2x Month Monthly Discome, report total gr fying (promising) that the Pensions/Retirement/ All Other Income	here is no income to report.
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STEP 4 Contact information and adult signature. Mail Completed Form To: Sussex Montessori School, 24960 Dairy Lane, Seaford, DE 19973

"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."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

STEP 5 DE State Children's Health Care Program

I NO! <u>I DO NOT</u> want information from my Free and Reduced-Price Meal Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. <u>IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP</u>.

STEP 6 [Insert District or School Name]

TYES! School Nutrition Office may share information from this application for school meal benefits with Sussex Montessori School.

INSTRUCTIONS Sources of Income

Sources of Inc	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	 Salary, wages, cash bonuses Net income from self- 	 Unemployment benefits Worker's compensation 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from 	
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	 employment (farm or business) If you are in the U.S. Military: 	 Supplemental Security Income (SSI) Cash assistance from State or local 		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	 Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	government – Alimony payments – Child support payments – Veteran's benefits	trusts or estates Annuities Investment income Earned interest 	
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	 Allowances for off-base housing, food and clothing 	 Strike benefits 	 Rental income Regular cash payments from outside household 	

OPTIONAL Children's Racial and Ethnic Identities

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 🗆 Native Hawaiian or Other Pacific Islander 🗆 Black or African American 🗆 Asian 🗆 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 submit all needed information, 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 primary wage earner or other adult household member who signs the application. 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 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Do not fill out For School Use Only

Annual Income	Conversion Week	V V 52 EVA	v 2 Wooke v 26	Twice a Month x 24 Monthly x 12
Annual moome	COnversion. Week	$1y \land JZ, LVC$		

	How	often?			Eligibility.	
Total Income	Weekly Bi-Weekly	2x Month	Monthly	Household Size	Free Reduced Denied	
	0 0	0	0	Categorical Eligibility	$\circ \circ \circ$	
Determining Official's Signature	Date			Confirming Official's Signature Date	Verifying Official's Signature	Date

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Eligibility

 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
 fax:

- 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email:
 - Program.Intake@usda.gov

This institution is an equal opportunity provider.