

Submit your school meal application today!

Dear Parent or Guardian,

This past spring, our kitchen staff worked tirelessly to prepare and pack breakfast and lunch for students so they could be ready to learn, even though we could not be together at school. We remain committed to making sure all students have every tool they need to succeed, including school breakfast and lunch to fuel their bodies and minds. Please support our kitchen staff and school meal program by submitting your school meal application today.

Applying for free school breakfast and lunch helps our school and community.

Submitting your application can help our school get more funding to feed kids and support learning for every student. When everyone applies for free school meals, our meal program has more money to invest in local food to support Vermont farmers and may also qualify to serve meals at no charge to all children during the summer and after school.

Applying for free school breakfast and lunch helps your family.

Free school breakfast and lunch provides nutritious food for your children at school so they can stay healthy, learn and concentrate better. Qualifying for free meals saves you time and money at home and has additional benefits like reduced college entrance exam and application fees.

October 1st is the date by which schools must report statistics that qualify us for other Federal programs.

The school will consider applications for free and reduced lunch at any time. Never hesitate to apply at any time throughout the year.

Please join me, and the school community, in strengthening and growing our school meal program by filling out your free school meals application today. You can apply for free school meals at any time; if your household income changes at any point in the school year, just submit a new application!

Please return the attached application with your student. If needed, drop boxes are available at the entrance of each school.

For assistance, please contact your school's principal. Thank you if you have already submitted an application!

2020 - 2021 Application for Free and Reduced Price School Meals - VT Agency of Education

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

App #

STEP 1 List All Household Members who are infants, children, and students up to and including grade 12. If more spaces are required for additional names, attach another sheet of paper.

Definition of Household 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.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Foster Child		Homeless	
					Yes	No	Runaway	Migrant		
					<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"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up?

If NO > Complete STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

STEP 3 Report Income for All Household Members (Skip this step if you answered Yes to STEP 2 and provided a Case Number)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

Name Adult Household Members (First & Last)	Earnings from Work		Public Assistance/ Child Support/ Alimony		Pensions/Retirement/ All Other Income		Child Income
	Weekly	Bi-Monthly	Weekly	Bi-Monthly	Weekly	Bi-Monthly	
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wager Earning or Other Adult Household Member Check if no SSN

STEP 4 Contact Information and adult signature

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.

Signature of adult completing the form _____ Printed name of adult completing the form _____ Today's date _____ Call Phone Number _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Email (optional) _____
 Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

Do Not Fill Out 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 _____ Household Size _____ Categorical Eligibility Eligibility Free Reduced Denied

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	Examples)
Sources of Child Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Allowance / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Investment income
- Allowances for off-base housing, food and clothing	- Annuity payments	- Annuities
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- 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 Asian White
 Native Hawaiian or Other Pacific Islander Black or African American

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	23,606	1,968	984	908	454	The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.
2	31,894	2,658	1,329	1,227	614	
3	40,182	3,349	1,675	1,546	773	
4	48,470	4,040	2,020	1,865	933	
5	56,758	4,730	2,365	2,183	1,092	
6	65,046	5,421	2,711	2,502	1,251	
7	73,334	6,112	3,056	2,821	1,411	
8	81,622	6,802	3,401	3,140	1,570	
For each additional household member, add	8,288	691	346	319	160	

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 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, 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) 632-9922. 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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.