

**FREE AND REDUCED PRICE MEAL APPLICATION
FACT SHEET**

When filling out the application form, please pay careful attention to these helpful hints.

SNAP (Food Stamps) /TANF/FDPIR CASE NUMBER:

This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Do NOT use your benefit card number. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number. All children with the same case number may be listed on the same application. If anyone in your household receives SNAP, all children living in your household are eligible to receive free meals at school.

FOSTER CHILD:

A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income. The foster child's free eligibility **does not** extend to any other students in the household; they may receive free status only if: they are directly certified by NYS, a household member has a SNAP or TANF case number, or the household' income falls below the limit for free meals.

HOUSEHOLD:

A group of related or non-related people who are living in one house and share income and expenses.

ADULT FAMILY MEMBERS:

All related and non-related people who are 21 years of age and older living in your house.

FINANCIALLY INDEPENDENT:

A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

CURRENT INCOME:

Money earned or received at the present time by each member of your household before deductions. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms. **Be sure to note if anyone is a 10-month employee as that will make a difference in total income.**

GROSS INCOME:

Money earned or received by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Be sure to indicate the income frequency (weekly, every two weeks/biweekly, twice a month, monthly) **–if none is specified, it will be calculated as weekly.**

INCOME EXCLUSIONS: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

OTHER:

Use ONLY the current school year's application; forms from previous years cannot be accepted. Your application can be mailed to Nutrition Services at the address on the top of the form, dropped off at any Gates Chili school office or cafeteria, or sent in with your child (be sure to tell them to take it to the cafeteria and not to give it to their teacher). An adult member must sign the form; the last four digits of the signer's Social Security number are required if the income section is filled in. If you do not have a Social Security number, you must check the box indicating this. **It is very important to read the parent letter carefully; if the application is filled out improperly, it cannot be processed and will be denied and returned to you.**

If you have any questions or need help filling out the application form, please contact the District Office Monday-Friday, 8 am – 4 pm, at (585) 248-6307.