



# Plainview Public Schools

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Dear Parent/Guardian:

Children need healthy meals to learn. **Plainview Public Schools** offers healthy meals every school day. Breakfast costs **\$1.65**; lunch costs **\$2.30** for Grades Preschool-3<sup>rd</sup> and **\$2.50** for Grades 4<sup>th</sup> -12<sup>th</sup>. **Your children may qualify for free or reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. 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 **October 3<sup>rd</sup>, 2022** 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's 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 haven't been told your children will get free meals, please call or e-mail **Plainview Public Schools, 402-582-3808, [twestrom@plainviewschools.org](mailto:twestrom@plainviewschools.org).**

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: **Tracy Westrom, Plainview Public Schools, PO Box 638, Plainview, NE 68769, 402-582-3808, [twestrom@plainviewschools.org](mailto:twestrom@plainviewschools.org).**

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Tracy Westrom, Plainview Public Schools, PO Box 638, Plainview, NE 68769, 428-582-3808, [twestrom@plainviewschools.org](mailto:twestrom@plainviewschools.org)** to receive a second application.
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.ne.gov](http://ACCESSNebraska.ne.gov) or call 1-800-383-4278.

If you have other questions or need help, call **402-582-3808**.

Sincerely,

A handwritten signature in black ink, appearing to read "Tracy Westrom".

**Plainview Public Schools**

## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For 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), 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. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY 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 you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**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. By doing this, you are certifying there is no income to report.

<b>Return Completed Application to:</b>						<b>(Insert School Name &amp; Mailing Address here)</b>					
<b>Part 1: Children in School</b>											
List names of all children in school ( <b>First, Middle Initial, Last</b> ). If <b>all</b> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.					Grade		Name of School Child Attends			Check all that apply: Foster Child      Homeless, Migrant, Runaway	
										<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"/>
<b>Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits</b>											
Enter <b>MASTER CASE NUMBER</b> if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4											
<b>Part 3: Total Household Gross Income – You must tell us how much and how often.</b>											
<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed.				<b>2. Gross Income (before taxes) and How Often it was Received</b>							
				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	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 <input type="checkbox"/>							
<b>Part 4: Adult Signature and Contact Information – An adult household member must sign the application.</b>											
"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:			
<b>Part 5: Children's Ethnic and Racial Identities – Optional</b>											
<b>Check one Ethnic Identity:</b> – and – <b>Check one or more Racial Identities:</b>											
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or other Pacific Islander			
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native					
<b>Do Not Fill Out the Section Below - For School Use Only</b>											
Annual Income Conversion:    Weekly X 52;    Every 2 weeks X 26;    Twice a month X 24;    Monthly X 12											
Total Household Size: _____				<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income    Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Income too high <input type="checkbox"/> Foster Child <input type="checkbox"/> Incomplete application <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)							
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week											
Signature of Determining Official: _____						Date Approved: _____					
<b>FOR THE VERIFICATION PROCESS ONLY:</b>											
Signature of Confirming Official: _____						Date Confirmed: _____					
Signature of Verifying Official: _____						Date Verified: _____					
						Date Withdrawn From School: _____					

### **HELPFUL HINTS:**

Here are some helpful hints to follow when completing your free/reduced application. Hopefully these will help avoid some common errors made on the applications.

- 1) Under Part 1 please list all school-age children.
- 2) Under Part 3, list all household members including the children listed in Part 1. You should also list any children who are temporarily away at school (e.g. college or boarding school)
- 3) Please remember to sign the applications and include the last four digits of your social security number.
- 4) We cannot accept any applications that do not show income.
- 5) Please include the frequency that you are paid by each income listed (i.e. monthly, weekly, bi-monthly).

## 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 can use their 2020 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report 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.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

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

### **Important Reminders from the U.S. Individual Income Tax Return Form 1040:**

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 9 (Total Income) and line 11 (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

### **From the first page of the U.S. Individual Income Tax Return Form 1040:**

Line 7 Capital Gain or (loss) \_\_\_\_\_

### **From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:**

Line 3 Business Income or (loss) \_\_\_\_\_

Line 4 Other Gains or (losses) \_\_\_\_\_

Line 5 Rental Real Estate, etc. \_\_\_\_\_

Line 6 Farm Income or (loss) \_\_\_\_\_

**Total** of the above five lines: \_\_\_\_\_ **equals annual self-employed income \***

\* Report this figure on the meal application in the column labeled "All Other Income".

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

**NOTE:** This form is used only to report income from self-employment and/or farming. If any members of the household have income from other jobs, the gross income from those jobs must be reported on the meal application form.

### Sharing Information with Other Programs - Optional

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.**

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Student Fees Fund**

**If you checked "yes" to any or all of the boxes above, complete the following form to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Plainview Public Schools** at **402-582-3808** or email at [twestrom@plainviewschool.org](mailto:twestrom@plainviewschool.org).

Return this form to: **Plainview Public Schools, PO Box 638, Plainview, NE 68769 by September 1, 2022**