

***** Important Lunch Info *****

	Breakfast full/reduced	Lunch full/reduced
Grades K-6 20 meals	\$1.35/.30 (\$27/\$6)	\$2.25/.40 (\$45/\$8)
Grades 7-12 20 meals	\$1.35/.30 (\$27/\$6)	\$2.50/.40 (\$50/\$8)

Lunch payments are due by the 1st of each month.

Payment options:

1. Check/cash can be given to the school secretary. Please mark your student's name on the memo line of the check or front of envelope for cash.
2. Debit/credit cards can be used by calling the Central Office (432-5579).
3. Online payments can be done at www.mynutrikids.com. If you have not registered for the site, please email Jodi.Baumgart@k12.sd.us to enroll.

Middle and High school students can purchase a 2nd entrée for \$1.00 (free/reduced status does not apply to 2nd entrees). Cash Only

To get signed up with the online program, please email me at Jodi.Baumgart@k12.sd.us. If you have already signed up in previous years, there is no need to sign up again. Your enrollment will carry over to the current school year.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

(For complete instructions, refer to next page.)

- New Applicant
 Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1 A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1 B. Households receiving SNAP (formerly Food Stamps (FS)), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities or FDIPIR); If any member of your household is NOW receiving SNAP (formerly Food Stamps), TANF, and FDIPIR, list the CASE NUMBER. Fill out Sections 1, 2 and 4. The application MUST have the signature of an adult.

SNAP Case Number: _____ TANF Case Number: _____ FDIPIR Case Number: _____

Part 2: Is this child a foster, migrant, or runaway?

2A. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4. Foster children should be on a separate application.

2B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison or migrant coordinator at phone # _____
 Homeless Migrant Runaway

Part 3: Total Household Income from Last Month - You must tell us how much and how often.

A. Name (List everyone in household)	B. Income for last month - list how much you get each pay day and how often you get paid Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly				C. Check if No income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Farm/Other	
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4: Signature and Social Security Number (Adult must sign):

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLY
 SNAP / FDIPIR / TANF or other eligible program household categorically eligible free: Yes No

Total monthly income: _____ Eligibility Classification: Free Reduced Price Paid

Household Size: _____ Not Eligible: Over income Incomplete information

Temporary Eligibility: Free Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____