

"We're stronger together"

Family - School - Community

Mansfield High School  
"Home of the Lions"

Arlene Magnin, Superintendent  
316 W. Ohio Ave.  
Mansfield, Missouri 65704  
Phone: 417-924-3236  
Fax: 417-924-3427

August 1, 2006

Dear Parent/Guardian:

Good nutrition is necessary for success in school. If you think your child/children may be eligible to receive free or reduced-price meals under the National School Lunch Program and School Breakfast Program, please take the time to fill out and return the enclosed application to the school.


If your child/children are eligible, they'll receive a nutritious breakfast and/or lunch every school day, which can help with their physical development. Experts say that children who don't get basic nutrition every day don't achieve as well in school as those who do get good nutrition.

Your child/children's participation in the program also can help our district meet its financial needs. The district needs an accurate accounting of eligible students because it receives government money for programs based on a formula that considers, among other things, the number of students eligible for free or reduced-price meals.

We'll keep your application information private and confidential. Also, we won't, in any manner, publish, post, or announce the names of children eligible for free or reduced-price meals. And we won't identify any children with special tokens or tickets or any other means.

Attached is a notice from the U.S. Department of Agriculture that explains the free lunch program in more detail. If you have any questions, please don't hesitate to call Randy Short, high school principal, Nate Moore, elementary principal, or myself. Each of us can be reached at 924-3236. Please send back the application to the school. Remember, filling out this application is important for your child/children and our district.

Yours truly,



Arlene Magnin

**LETTER TO PARENTS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

Children need healthy meals to learn. Mansfield R-4 Schools offers healthy meals every school day. Breakfast costs .75 lunch costs \$1.50. Your children may qualify for free meal or for reduced price meals. Reduced price is .30 for breakfast and .40 for lunch.

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. 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: Mansfield School 316 W. Ohio Mansfield Mo. 65704 417-924-3236**

**2. Who can get free meals?** Children in households getting Food Stamps or Temporary Assistance and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the above Federal Income Chart.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced meals?** Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2006-2007 school year.

**6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting food stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Mansfield School 316 W. Ohio, Mansfield Mo. 65704 417-924-3236

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other question or need help, call 417-924-3236.

Sincerely,  
Mansfield R-4 School

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART For School Year 2006-2007</b>			
Household size	Yearly	Monthly	Weekly
1	18,130	1,511	349
2	24,420	2,035	470
3	30,710	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
Each additional person:	+6,290	+525	+121

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-6410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

<b>PART 1. CHILDREN IN SCHOOL</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food stamp or Temporary Assistance case # for each child (not a 16 digit EBT card #). Skip to Part 4 if you list a food stamp or Temporary Assistance case # [List case #(s) and check whether it is a food stamp (FS) or Temp. Assistance (TA) #]
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0 0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

**PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN**

1. Name (List everyone in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income	
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<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 application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

*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, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security #

**Privacy Act Statement:** This explains how we will use the information you give us. 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 social security number of the 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 Food Stamp Program, Temporary Assistance Program case number 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.

**PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

Mark one or more racial identities:  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  American Indian or Alaska Native  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**DO NOT FILL OUT THIS SECTION. THIS IS 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: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household Size: \_\_\_\_\_

Food Stamps/Temporary Assistance:  Eligibility: Free  Reduced  Denied  Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Temporarily Approved Free  Temporarily Approved Until: \_\_\_\_\_ (allow no more than 45 calendar days) Until: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

Confirming Official's Signature (For verification purposes only): \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and a food stamp or Temporary Assistance case number. Check the box next to the food stamp or Temporary Assistance case number indicating which type of assistance is received. A food stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

**If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:**

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income. In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.