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# ARCHDIOCESE OF LOUISVILLE

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## 2013/2014 MEAL APPLICATION

Dear Parent/Guardian:

Children need healthy meals to learn. **Archdiocese of Louisville schools** offers healthy meals every school day. Breakfast costs **\$1.95**; lunch costs **\$2.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** 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: **Archdiocese of Louisville, Food Service Office, PO Box 1073, Louisville, KY 40201.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations]** or **[KTAP]**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Juanita Bisig, PO Box 1073, Louisville, KY 40201, 502-585-3291. Or [foodservice@archlou.org](mailto:foodservice@archlou.org)** to see if they qualify.
5. 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 Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the Central Food Service Office at **502-585-3291** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? **YES.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

11. 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: **Robert Ash, PO Box 1073, Louisville, KY 40201, 502-585-3291, or [foodservice@archlou.org](mailto:foodservice@archlou.org)**

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 U.S. citizens to qualify for free or reduced price meals.

12. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

14. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office or call 502-595-4238.

If you have other questions or need help, call **502-585-3291**.

*Si necesita ayuda, por favor llame al teléfono: 502-585-3291.*

*Si vous voudriez d'aide, contactez nous au numero: 502-585-3291.*

Sincerely,

**Juanita Bisig**

**Food Service Director**

**Archdiocese of Louisville**

# INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], OR [State KTAP] [OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the name of school for each child.

**Part 2:** List the case number for any household member (including adults) receiving [State SNAP] or [State KTAP] or [FDPIR] benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose to.

**IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP] OR [State KTAP] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the name of school for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator]**.

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

**Part 6:** Answer this question if you choose to.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose to.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **[your school, homeless liaison, migrant coordinator]**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income, not the take-home pay**. Gross income is the amount earned **before taxes and other deductions**. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer this question, if you choose.

<b>ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:</b>
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**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Juanita Bisig at 502-585-3291**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer, this question if you choose.

## 2013-2014 HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS

Part 1. All Household Members				Part 2. Benefits
List the names of <b>all</b> household members (First, Middle, Last). A household member is any adult or child living in the home.  (Attach an extra sheet if needed)	Write the name of the <b>school</b> and the <b>grade</b> the child will be in this year. Write N/A if the household member is not in school.	Check here if this is a foster child (the legal responsibility of a welfare agency or court). If all children listed are foster children, <b>skip to Part 5.</b>	Check here if this person receives <b>NO INCOME</b>	If the household member receives <b>SNAP</b> (Food stamps) or <b>KTAP</b> (Public Assistance), write their case number below (social security number) & skip to Part 5.
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Part 3. Homeless/Migrant/Runaway Status</b>				
If any child in the household is <input type="checkbox"/> Homeless, <input type="checkbox"/> Migrant, or <input type="checkbox"/> Runaway, check the appropriate box and call the child's school.				
<b>Part 4. Total Household Income</b>				
List the names of household members who receive income.  (Attach an extra sheet if needed)	In the boxes below, list gross (before taxes & deductions) income and how often it is received: <u>Weekly</u> , <u>Every 2 Weeks</u> , <u>Twice a Month</u> , or <u>Monthly</u> . <i>If you need to report yearly income, contact your child's school for assistance.</i>			
	Income from work before taxes & deductions	KTAP (Public Assistance/Welfare), Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<b>(Example)</b> Jane Smith	Amount/How Often? \$836/ every 2 weeks	Amount/How Often?	Amount/How Often? \$698/ month	Amount/How Often?
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /

**Part 5. Signature and last four digits of Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See attached Use of Information 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 under State and Federal statutes.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ email: \_\_\_\_\_

Last four digits of Social Security Number: ### - ## - \_\_\_\_ ☐ I do not have a Social Security Number

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)****Choose one ethnicity:**

- ☐ Hispanic/Latino  
☐ Not Hispanic/Latino

**Choose one or more race (regardless of ethnicity):**

- ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American  
☐ White ☐ Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. CENTRAL OFFICE USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks (Bi-weekly) x 26, Twice A Month (Semi-monthly) x 24, Monthly x 12  
(Convert to yearly if more than one pay frequency is reported. Do not convert if all pay frequencies are the same)

Household size: \_\_\_\_ Total Income: \_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year

☐ This is an error-prone application (monthly income within \$100 below, or annual income within \$1,200 below, the income eligibility limitation for free or reduced price meals).

Categorical Eligibility Reason: ☐ DC (SNAP/KTAP/Medicaid/Foster) ☐ Other Source (Homeless/Migrant/Runaway)

☐ Categorical Eligibility (except foster, homeless, migrant, runaway, Head Start) was extended to all other children in the household

Eligibility: ☐ Free ☐ Reduced ☐ Denied

Reason for Denial: \_\_\_\_\_ Date denial notice sent: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Selected for Verification

Verification results: ☐ Status did not change ☐ Changed to Paid ☐ Changed to reduced ☐ Changed to free

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Dropped/Withdrawn: \_\_\_\_\_

Use of Information Statement: 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 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.

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 Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Kentucky Children's Health Insurance Program (KCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and KCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and KCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

**If you do not want us to share your information with Medicaid or KCHIP**, fill out the form below and return to \_\_\_\_\_ by this date: \_\_\_\_\_.

(Sending in this form will not change whether your children get free or reduced price meals).

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☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child/children listed below:

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, call Juanita Bisig at 502-585-3291.

## SHARING INFORMATION WITH OTHER PROGRAMS

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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. You are not required to give permission and sending in this form will not change whether your children get free or reduced price meals. For the following programs, we must have your permission to share your information. **If you want us to share your information**, fill out the form below and return to \_\_\_\_\_ by this date: \_\_\_\_\_.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child/children 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, call Juanita Bisig at 502-585-3291.