



Amanda Reilly
School Nutrition Director
Concessions Director
1045 18th St. SW
Huron, SD 57350
P: (605) 353-6909
amanda.reilly@k12.sd.us

Dear Huron School District Families,

Here is some information to consider as you fill out an application for your family:

- **Only one application is needed per family**; if you have more than one child attending a school in our district, you only need to submit one application for all children.
- Applications can be submitted at any time during the school year. However, if you apply after August 20th, and were not approved last year, you will be responsible for paying for meals for your student the first day of school until you get the application submitted.
- Families also can submit a new application if there is a change in the household, such as a parent loses a job or has their work hours cut. A new application must be submitted each school year.
- Eligibility for free or reduced-price school meals is determined based on the federal income guidelines. Children may be eligible automatically for free school meals if one or more family members participates in a federal nutrition program, such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or the Food Distribution Program on Indian Reservations (FDPIR), or if they are classified as homeless, runaway, or migrant.
- All families enrolled in the district can apply for free or reduced-price school meals.
- **Applications are confidential.**
- What you will need to fill out the application:
 - Your case number if you participate in SNAP, TANF, or FDPIR.
 - If not, you will need to provide your family's total pre-tax income data, including:
 - the earnings of anyone in your household with a job;
 - Social Security or retirement benefits for anyone in your household; and other sources of income.

You can find the school meals application for our district, along with detailed instructions on how to complete it, following this letter.

The application can also be filled out online at linqconnect.com. In order to properly link your student(s) to your account you will need their first name, last name, grade, school, and date of birth.

If you need assistance filling out the application, you can call the interpreter office at (605)353-8565(Spanish) or (605)353-8576(Karen) to make an appointment in July.

We look forward to providing healthy school meals for your child with the goal of helping them learn and grow throughout this school year and beyond.

Sincerely,

Nutrition Director

Amanda Reilly



Amanda Reilly
Directora de Nutrición Escolar
Directora de Concesiones
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Estimadas Familias del Huron School District (Distrito Escolar de Huron),

A continuación encontrara información para considerar al llenar una aplicación para su familia:

- **Solo se necesita una aplicación por familia;** si tiene más de un estudiante asistiendo a la escuela en nuestro distrito, solo necesita entregar una aplicación para todos los niños.
- Las aplicaciones se pueden entregar en cualquier tiempo durante el año escolar. Sin embargo, si entrega una aplicación después del 20 de agosto y no fueron aprobados el año pasado, usted será responsable por pagar los alimentos para su estudiante desde el primer día de clases hasta que entregue la aplicación.
- Las familias también pueden entregar una nueva aplicación si hay un cambio en el hogar, tal como si un padre pierde su trabajo o si se le rebajaron las horas de trabajo. Se debe entregar una aplicación nueva cada año escolar.
- La elegibilidad para recibir alimentos escolares gratis o a un costo reducido se determina basado en las directrices de ingreso federal. Los niños pueden ser elegibles automáticamente para recibir alimento escolar gratis si uno o más miembros de la familia participa en el programa de nutrición federal, tal como el Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), o el Food Distribution Program on Indian Reservations (FDPIR), o si son clasificados como alguien sin hogar, fugitivo o migrante.
- Todas las familias inscritas en el distrito pueden aplicar para recibir alimento escolar gratis o a un costo reducido.
- **Las aplicaciones son confidenciales.**
- Que necesitara para llenar una aplicación:
 - Su número de caso si usted participa en SNAP, TANF, o FDPIR.
 - Si no es así, tendrá que proporcionar la información de ingreso total antes de impuestos de su familia, lo que incluye:
 - La ganancia de cualquiera en su casa que tenga trabajo;
 - Seguro Social o beneficios de jubilación de todos en su casa; u otras fuentes de ingresos.

Usted puede hallar la aplicación para alimentos escolares para nuestro distrito, junto con instrucciones con detalle de cómo llenarla, después de recibir esta carta.

La aplicación también puede ser llenada en línea en linqconnect.com Para poder unir al estudiante con su cuenta apropiadamente, necesitara su primer nombre, apellido, grado, escuela, y fecha de nacimiento.

Si necesita ayuda al llenar la aplicación, puede llamar a la oficina del intérprete al (605)353-8565(Español) o (605)353-8576(Karen) para hacer una cita en julio.

Anhelamos darle alimento escolar saludable a su hijo con la meta de ayudarlos a aprender y crecer durante este año escolar y mas allá.

Atentamente,

Directora de nutrición

Amanda Reilly



Amanda Reilly
School Nutrition Director
Concessions Director
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ဆု ဟုရိုက်ကီရိုက်လီကဝီကို ဟံဉ်ဖီဖီတဖဉ်အအိဉ်,

ဖဲအံအိဉ်ဒီး တာ်ဂုာ်တာ်ကျိတနီလု နကြားဟ်သုဉ်ဟ်သးအီး ဖဲနမာပုလီလံာ် လာနဟံဉ်ဖီဖီအဂီ အခါ န့ဉ်လီ.

- **တာ်လီဘဉ်လု ဟံဉ်ဖီဖီတဖဉ် မာပုလီလံာ်ထဲတဘဉ်...** နဖီထီဉ်ကို လာကီရိုက်လီကဝီကို မုအါန့ဉ်တကဉ်လဲဉ်, နမာပုလီလံာ်လု အဝဲသုဉ်ကီးဂုးအဂီ ထဲတဘဉ်ခိသုဝဲဒဉ်န့ဉ်လီ.
- နမာပုလီလံာ် ဒီးဆုထီဉ်အီးဆုကို တဘျီဂုးတဘျီဂုး ဖဲကိုထီဉ်န့ဉ်အဆာကတီာ် သုဝဲဒဉ်န့ဉ်လီ. ဖဲလဲဉ်ဂုးဂုး, နဆုထီဉ်နလံာ် မုဖဲခဲ န့ဉ် လါအိကား ၂၀သီ, ဒီးအပူကွံာ်တနံဉ် တာ်မုာ်တတုာ်လီာ်တုာ်အီးန့ဉ်, နကဘဉ်ဟံးန့ဉ်မုဒါလု နကဘဉ်ဟံဉ်န့ဉ်နဖီအတာ်အိဉ်အပူ ဖဲကိုထီဉ် အခိဉ်ထံးကတီးတသီ တုလုနဆုထီဉ်လံာ်ဝဲတစုန့ဉ်လီ.
- ဟံဉ်ဖီဖီတဖဉ် မာပုလီလံာ်အသီသုဝဲ ဖဲအဟံဉ်ဖီဖီမုာ်ဆိတလဲ, အဒီး..မိာ်ပါအတာ်မတအိဉ်လု,မုတမုာ် အတာ်မအနါရံဉ်လီဇု အဆာ ကတီာ်သုဝဲဒဉ်န့ဉ်လီ. တာ်ကဘဉ်မာပုလီ လံာ်အသီတဘဉ် ကီးနံဉ်ဒီး န့ဉ်လီ.
- တာ်ဒီးန့ဉ် ကလီကိုတာ်အိဉ် မုတမုာ် တာ်မာပုလီ ကိုတာ်အိဉ်အပူ ဘဉ်တာ်ဆာတံာ်အီး ဖဲကီာ်ဖဲဖိဉ် စုဟဲနံဉ်တာ်နံဉ်ကျဲ အိဉ်ဝဲအသီးန့ဉ်လီ.ဖိ သုဉ်တဖဉ်လု အဟံဉ်ဖီဖီအကျိတက မုတမုာ် ခဲက ဒီးန့ဉ်ကီာ်ဖဲဖိဉ်တာ်အိဉ်တာ်ရဲဉ်တာ်ကျဲ, ဖဲအမုာ် တာ်မာပုထီဉ် တာ်အိဉ်န့ဉ်ဂံာ်န့ဉ် ဘါ တာ်တိစာမာစာ တာ်ရဲဉ်တာ် ကျဲ(SNAP) တာ်မာစာ တစိတလီာ် လုဟံဉ်ဖီဖီလုအလီာ်ဘဉ်တာ်တဖဉ်အဂီ (TANF)မုတမုာ် တာ်နီလီတာ်အိဉ် တာ်ရဲဉ်တာ်ကျဲ လုအဖဲရကပုထုလံာ်ဖိ(FDPIR), မုတမုာ် ဘဉ်တာ်ဟံဉ်ပနီဉ်အီး ပုလုအဟံဉ်အယီတအိဉ်, ပုဖဲဉ်ဖျိးကွံာ်, ပု သးလီာ်သး ကျဲ တဖဉ် ကဒီးန့ဉ်ကလီကိုအတာ်အိဉ် န့ဉ်လီ.
- ဟံဉ်ဖီဖီတဖဉ်လု အဆဲးလီအမဲလု ကီာ်ရဲဉ်အပူတဖဉ် ပတံထီဉ် တာ်အိဉ်ကလီ မုတမုာ် တာ်မာပုလီတာ်အိဉ်အပူ သုဝဲဒဉ်န့ဉ်လီ.
- **လံာ်ပတံထီဉ်တဖဉ် ဘဉ်တာ်ဟံးအီး ဘဉ်ဘဉ်ဘာ န့ဉ်လီ.**
- တာ်လုနလီာ်ဘဉ်အီး လုနကမာပုလီလံာ်အဂီ တဖဉ်..
 - နတာ်ဂုာ်တာ်ကျိနီဉ်ဂံာ်(ခးစနီဘာဉ်) နမုာ်ဒီးန့ဉ် SNAP, TANF,မုတမုာ် FDPIR
 - နမုာ်တဒီးန့ဉ်ဘဉ်န့ဉ်, နကဘဉ်ဟံဉ်ဖျါထီဉ် ဟံဉ်ဖီဖီတာ်ဟဲန့ဉ်အဂုာ်အကျိ, လုအဟံဉ်ယုာ်ဒီး
 - ပုမာတံာ်ဖိ လုနဟံဉ်ပုကီးဂုး အစုဟဲန့ဉ်,
 - ပုလုအအိဉ်လုဟံဉ်ပု လုအဒီးန့ဉ် ပုတဝါတာ်ဘဉ်တာ်ဘာ မုတမုာ် တာ်အိဉ်ဘျးအိဉ်သါ တာ်န့ဉ်ဘျး, ဒီးတာ်ဟဲန့ဉ်အဂုာ်အကတခါဂု တခါဂု.

နယုထံဉ်န့ဉ် ကိုတာ်အိဉ်အလံာ်ပတံထီဉ် လုအအိဉ်ဒီး တာ်နံဉ်ကျဲလုလုပုပု လုတာ်ကဘဉ်မာပုလီအီးဖဲလဲဉ် ဖဲလဲဉ်အံအသီး သုဝဲန့ဉ်လီ.

လံာ်ပတံထီဉ်အဝဲအံ ဘဉ်တာ်မာပုလီအီးလု အုထာဉ်နဲးအဖိခိဉ် ဖဲ lingconnect.com သုဝဲဒဉ်န့ဉ်လီ. လုနကနုာ်လီဆု နဖီအတာ်ဂုာ်တာ်ကျိအ ပူအဂီ နလီဉ်တဉ် အမဲအခိဉ်ထံး,အမဲကတီး,အမဲလီတီး,ကိုအမဲ,ဒီးအအိဉ်ဖျိဉ်မုာ် နမုာ်သီ န့ဉ်လီ.

နမုာ်လီာ်ဘဉ်တာ်မာစာ လုနကမာပုလီလံာ်အဝဲအံန့ဉ်, နကီးပုတဲကကျိထံတံာ်ဖဲ (၆၀၅)၃၅၃-၅၅၆၅ (စဲနဲး) မုတမုာ် (၆၀၅)၃၅၃-၅၅၆၆ (ကညီ)လုနကလဲထံဉ်လီာ်အဝဲသုဉ် လုလုယုလဲအပူအဂီ သုဝဲန့ဉ်လီ.

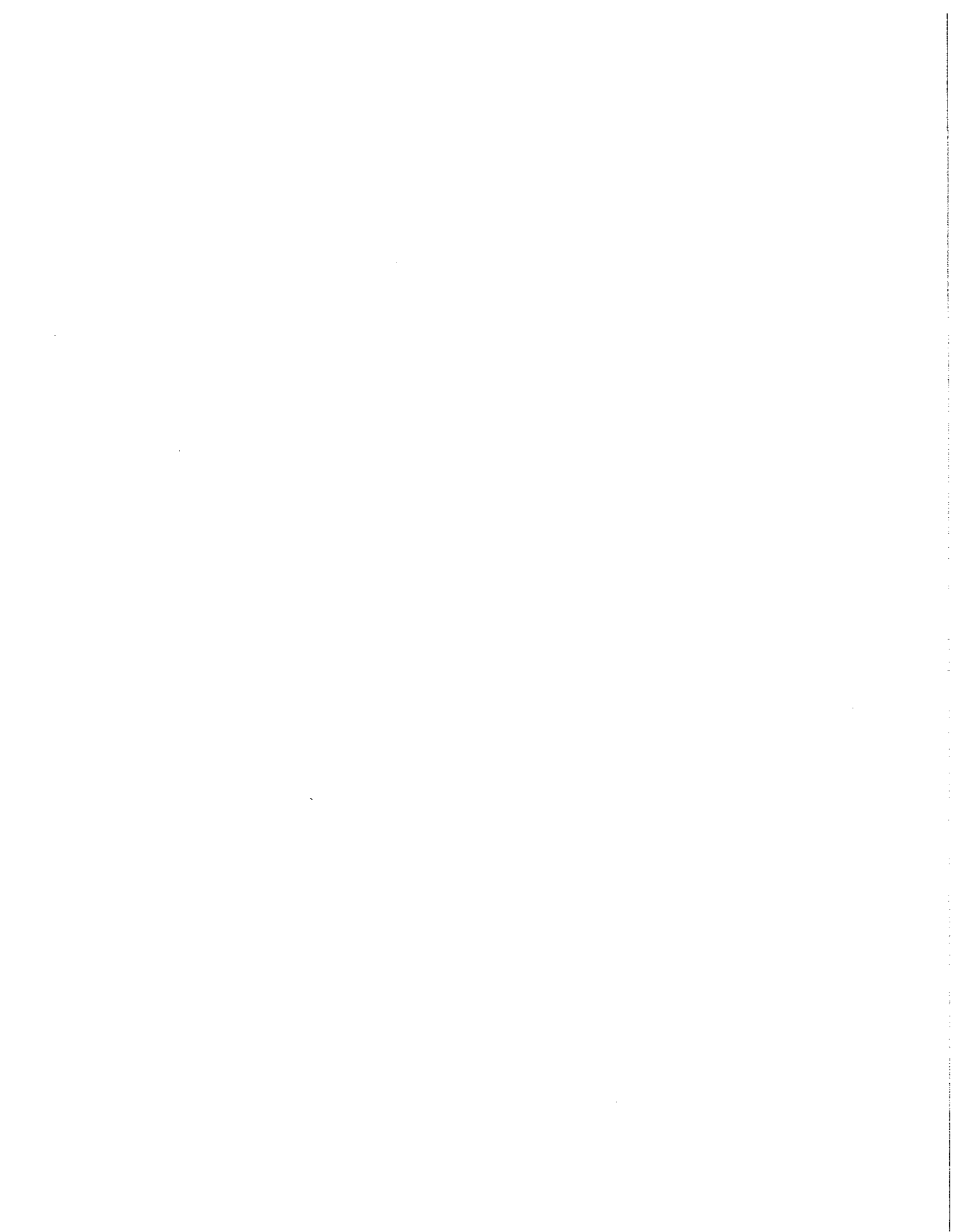
ပအိဉ်မီးကွာ်လု ကတံာ်ကတီးန့ဉ် ကိုတာ်အိဉ်န့ဉ်ဂံာ်န့ဉ်ဘါ လုနဖီအဂီ ယုာ်ဒီးတာ်ပညိဉ်လု တာ်မာစာအီး လုတာ်ဖဲလဲမဒီးအပူ ဒီးဒဲသီးအကဒိ ဉ်ထီဉ်လုကိုတနံဉ်ညါအံ ဒီးဆုညါအဂီ န့ဉ်လီ.

ပုဒီးတာ်သုဉ်တီးသးရုလု,

တာ်အိဉ်န့ဉ်ဂံာ်န့ဉ်ဘျုးန့ဉ်တာ်

Amanda Reilly

အမဲဒဉ် ရုလံာ်



HURON PUBLIC SCHOOLS 2024-2025 ONE APPLICATION PER FAMILY FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. The Huron Public Schools and Holy Trinity offer healthy meals every school day. Breakfast costs \$3.10 at the Elementary Schools, \$3.20 at the Middle School, and \$3.20 at the High School. Lunch costs \$4.00 at the Elementary Schools, \$4.10 at the Middle School and Holy Trinity, and \$4.20 at the High School. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$.30 for breakfast, \$.40 for lunch. 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 SNAP, the Food Distribution Program on Indian Reservations (FDPIR), or TANF 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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,640	\$1,302
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,299	\$1,685
8	\$97,532	\$8,128	\$1,876
Each additional person:	\$9,953	\$830	\$192


- 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 Jolene Konechne, Director of Federal Programs.
- 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: your child(ren)'s school office, the lunchroom cashier, or the School Nutrition Office in the middle school.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No. But please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **School Nutrition Office at 605-353-6909** right away so those children get benefits, too.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.

6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for free or reduced-price meals. WIC and Medicaid are not automatic qualifications. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials by calling Amanda Reilly, School Nutrition Director at 605-353-6909. You also may ask for a hearing by calling or writing to Kelly Christopherson, School business, PO Box 949, 605-353-6995.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
11. 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.
12. WHAT IF MY INCOME CHANGES DURING THE YEAR OR MY SNAP, TANF, OR FDPIR BENEFITS CHANGE? If your application for free or reduced-price benefits was properly approved, you will remain eligible for those benefits for a certain period of time. You may visit with a school/center official to get the exact date the meal benefits will expire.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. When this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are also excluded from income.

IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school for more information.
15. WILL YOU TELL ANYONE ELSE ABOUT THE INFORMATION ON MY FORM? We will use the information on your form to decide if your children should get free or reduced-price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
16. 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.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Contact your local Department of Social Services office to find out how to apply for SNAP or other assistance benefits.
18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular school meal for children whose disability restricts their diet when a physician certifies that disability. If the parent requests changes, the staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink regular milk due to medical or other special dietary needs that are supported by a certified medical authority. These requests will be handled on a case-by-case basis. Please call the school/center food service department for further information to request special meals or milk.

If you have other questions or need help, call 605-353-6909

Sincerely,


Amanda Reilly
School Nutrition Director

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **one** application per household, **even if your children attend more than one school in the Huron School District**. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Amanda Reilly, School Nutrition Director at 605-353-6909**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include **ALL** members in your household who are:

- Children age 18 or under **AND** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Huron Public School or Holy Trinity**, *regardless of age*

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **How old is the child? Is the child a student? What school/center does the child attend?** Fill in the information for the center or school to use.
- C) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and non-foster children, go to step 3.
- D) **Are any children homeless, migrant, or runaway?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, and Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- *Leave STEP 2 blank and go to STEP 3*
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- Write a case number for SNAP, TANF, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your local assistance office. **You must provide a case number on your application**
 - *Go to STEP 4*

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.

REPORT INCOME EARNED BY CHILDREN

- **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household
- **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income

REPORT INCOME EARNED BY ADULTS

- Who should I list here?**
- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own
 - **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household
 - Infants, children and students already listed in **STEP 1**

<p>a) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>b) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>c) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>d) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>e) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.</p>	<p>f) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

- B) Report all amounts in GROSS INCOME ONLY.** Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- C) Write a "0" in any fields where there is no income to report.** Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- D) Mark how often each type of income is received using the check boxes to the right of each field.**

What if I am self-employed?
 If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

- E) To figure monthly income for self-employment/farming:** The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Schedule 1. Write the numbers from the corresponding tax form lines in the box below. Write it on the free/reduced-price meal application in the earnings column as annually. If it is a negative number, write it as zero on the application. All other income from the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

Line 1 of the IRS Form 1040 cannot be used to report income. Income from wages or salaries must be reported on the free/reduced price meal application for the most recent month by family member and frequency.

Line 7b (total income) and **Line 8b** (adjusted gross income) of the **IRS Form 1040** cannot be used for the purpose of applying for free and reduced-price meals.

The line items below are used to determine allowable self-employment income. Refer to the US Individual Income Tax Return Form 1040 – Schedule 1 under Part I, Additional Income section.

Line 3, Business Income (or loss)	\$	NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form. This attachment is used only to report income from self-employment and/or farming.
Line 4, Other Gains (or losses)	\$	
Line 5, Rental Real Estate, etc.	\$	
Line 6, Farm Income (or loss)	\$	
Line 8, Other Income	\$	
TOTAL OF ABOVE LINES:	\$	
		Equals annual self-employment income**

If the TOTAL OF THE ABOVE LINES is a negative number, it must be changed to zero before it is transferred to the free/reduced price meal application

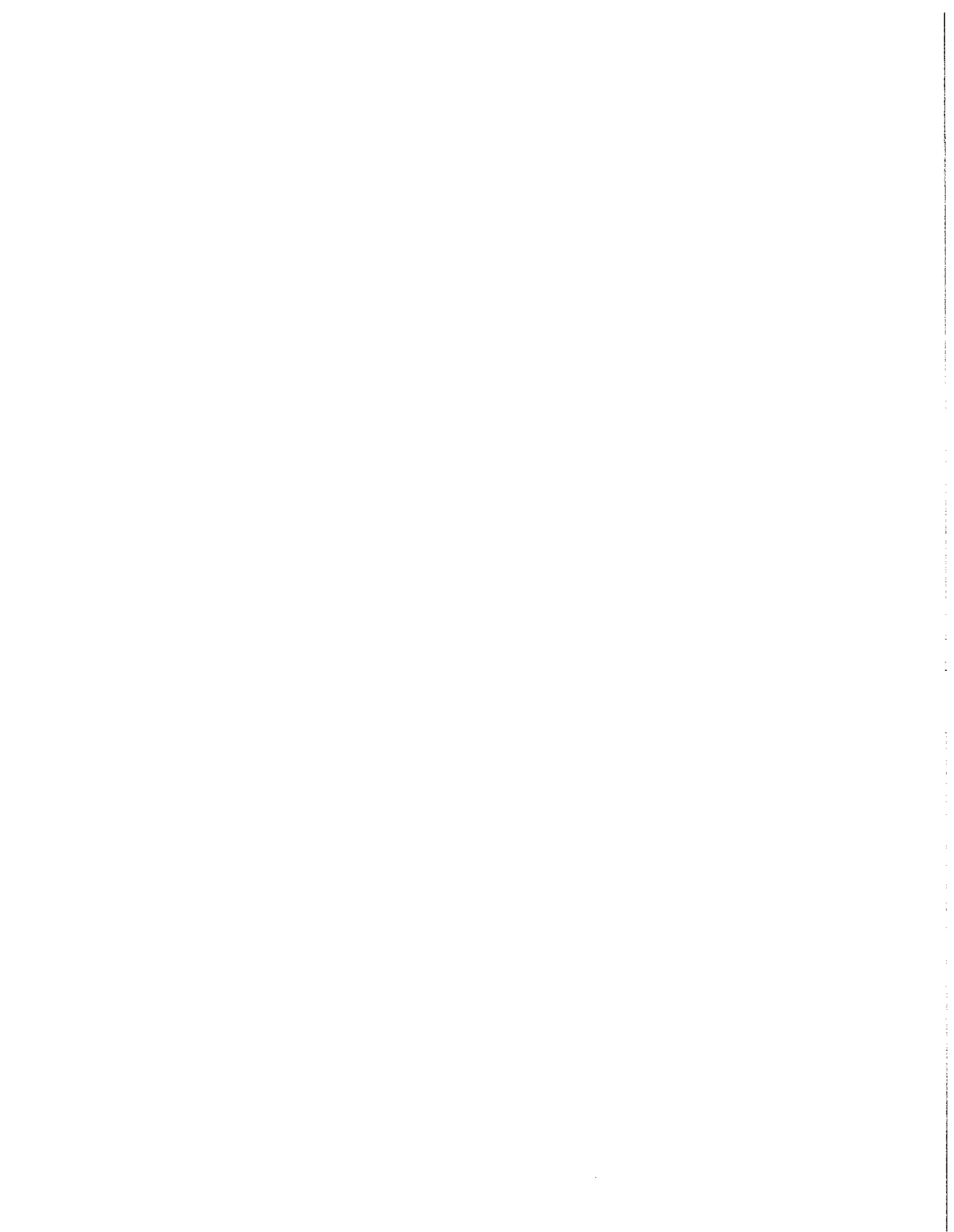
**Report this amount on the free and reduced-price meal application in the category labeled "Farming/Pensions/Retirement/Other Income."

- F) **Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.
- G) **Provide the last four digits of your Social Security Number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. **By signing the application, that household member is promising that all information has been truthfully and completely reported.** Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

- A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **Sign and print your name.** Print your name in the box "Printed name of adult completing the form." Sign your name in the box "Signature of adult completing the form."
- C) **Write Today's Date.** In the space provided, write today's date in the box.
- D) **Share children's Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals; however, if you do not select a race/ethnicity, one will be selected for you based on visual observation.



2024-2025 Application for Free and Reduced-Priced School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you & shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Priced School Meals** for more information.

Child's Name	Age	Write name of child's school, or "not in school"	If student, write in the grade	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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4. IF YES > Write your 9-digit SNAP, TANF, or FDIPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Child Income: \$ _____

How often?	Weekly	Bi-Weekly	2x Monthly	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/ Disability	Child Income	How often?				Earnings of Partners/ Retirement/ Other Income	How often?			
		Weekly	Bi-Weekly	2x Monthly	Monthly			Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly
	\$	<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"/>	<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"/>	\$	<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"/>	<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"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults)																

STEP 4: Contact information and adult signature.

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.

Street Address (if available) _____ Apt# _____ City _____ State _____ Zip _____

Signature of adult completing the form _____ Today's Date _____

Daytime Phone and Email (optional) _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security Disability Payments o Survivor's Benefits	A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside the household	A friend or extended family member regularly gives a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, F-SSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (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 Regular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Civil Rights: Information if you have a complaint

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 last four digits of 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, **Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY**

large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [How to File a Complaint](http://www.usda.gov), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov
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Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi-Weekly x 26, Twice a Month x 24, Monthly x 12.

Total Income:	How Often?	Household Size:	Categorical Free Eligibility: (Select 1)	Income Eligibility: (Select 1)
	Weekly	Bi-Weekly	2-Month	Monthly
	Weekly	Weekly	Monthly	Annual
	Foster	Homeless	Runaway	Migrant
				SNAP/TANF /FDPIR
	Free	Reduced	Denied	

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Verifying Official's Signature _____ Date _____



Huron Public Schools
1045 18th Street SW
Huron, South Dakota 57350-0949

Office: 605-353-6909

Amanda Reilly
School Nutrition Director

email:amanda.reilly@k12.sd.us

**HOLY TRINITY CATHOLIC SCHOOL
INFORMATION DISCLOSURE CONSENT FORM FOR
SHARING INFORMATION WITH OTHER PROGRAMS**

The information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your child(ren) may qualify. Parents or guardians are not required to sign this form unless you want your child(ren) to participate in a possible reduced rate for tuition at Holy Trinity Catholic School. The child's name and status will be used either in print, electronic communications, or by other means.

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for a possible reduction in tuition fees for Holy Trinity Catholic School

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.

CHILD'S NAME

SCHOOL NAME

SIGNATURE OF PARENT/GUARDIAN

DATE _____

PRINT NAME OF PARENT/GUARDIAN

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**Huron Public Schools
1045 18th Street SW
Huron, South Dakota 57350-0949**

Office: 605-353-6909
email:amanda.reilly@k12.sd.us

Amanda Reilly
School Nutrition Director

**HURON SCHOOL DISTRICT
INFORMATION DISCLOSURE CONSENT FORM FOR
SHARING INFORMATION WITH OTHER PROGRAMS**

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 child(ren) may qualify. Parents or guardians are not required to sign this form unless you want your child(ren) to participate at reduced rate in one or more of the other programs. The child's name and status will be used either in print, electronic communications, or by other means. The information will be used to facilitate the child's enrollment in other programs or to receive goods such as iPad distribution fee or a band instrument at a possible reduced price.

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fees for **HIGH SCHOOL iPad DISTRIBUTION PROGRAM.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application to be eligible for instrument rental for **BAND.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application to be eligible for instrument rental for **ORCHESTRA.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **PSAT TEST.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **SAT TEST.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **ACT TEST.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **ADVANCED PLACEMENT (AP) CLASSES.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **NAIA REGISTRATION.**

Yes NO - Child Nutrition officials may share my eligibility status from my Free and Reduced Price Meals Application for waiver of fee for **NCAA REGISTRATION.**

Yes NO - Department of Labor **COLLEGE AND CAREER ASSISTANCE**

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.

CHILD'S NAME

SCHOOL NAME

SIGNATURE OF PARENT/GUARDIAN
PRINT NAME OF PARENT/GUARDIAN

DATE

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