

**Free/Reduced Price Meal and/ or Student Fees Waiver Guidelines  
For the 2022/2023 School Year**



Dear Parent/Guardian,

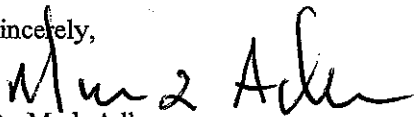
Ralston Public Schools participates in the National School Lunch Program. Your child(ren) may be eligible for free or reduced price meals. Please take a moment to read the attached guidelines and see if your student(s) qualify.

**ONE FORM PER FAMILY WILL BE ACCEPTED. THIS INCLUDES ANY FOSTER CHILDREN IN THE FAMILY.**

Students who qualify under these guidelines are eligible for a waiver of various fees if the "Sharing Information with Other Programs" form is completed. Participation in the free and reduced price meal program is NOT required to qualify for student fees to be waived. There are a number of benefits for students in grades 10, 11 and 12 that can only be accessed if this information is shared. All staff keep this information confidential when selecting students for various programs. Without your permission to share this information your child could be missing out on free college entrance programs, scholarships and fee waivers that they SHOULD receive. Please consider the benefits for your child.

Information you supply on the application form will be kept confidential. A Spanish language version of the guidelines and application form is available upon request. (Una version esta disponible en espanol si la solicite.)

Sincerely,

  
Dr. Mark Adler  
Superintendent

\*\*\*\*\*

**For RETURNING students, please note:** Your new application for the 2022-2023 school year must be received and approved before your status from last year's application expires on **09/21/22** in order to avoid an interruption in benefits. Please be aware that if your status changes from last year, based on this year's application, the change occurs immediately.

**For NEWLY APPLYING students, please note:** You must allow time for your application to be processed. When your application is approved, you will receive a letter informing you of the results. In the meantime, please make sure there is money in your child's meal account to cover the cost of meals. Approval is **NOT** retroactive.

\*\*\*\*\*

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

<b>FEDERAL INCOME CHART</b>					
for School Year 2022-2023					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional person:	8,732	728	364	336	168

Dear Parent/Guardian:

Children need healthy meals to learn. Ralston Public Schools offers healthy meals every school day. Breakfast costs \$1.65 (K-6), \$1.95 (7-8), \$2.50 (9-12); lunch costs \$2.65 (K-6), \$3.05 (7-8), \$3.15 (9-12). 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 09/21/22 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 (FDPRI) 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 **Josie Schlotzhauer, 402-898-3430** or [Josie.Schlotzhauer@ralstonschools.org](mailto:Josie.Schlotzhauer@ralstonschools.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: **Ralston Public Schools (Attn. Food Service), 8545 Park Dr. Ralston, NE 68127**
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 **Josie Schlotzhauer at 402-898-3430** or [josie.schlotzhauer@ralstonschools.org](mailto:josie.schlotzhauer@ralstonschools.org) immediately.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR FOR MEAL BENEFITS. 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.
6. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. 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. You also may ask for a hearing by calling or writing to: **Josie Schlotzhauer at 402-898-3430** or [Josie.Schlotzhauer@ralstonschools.org](mailto:Josie.Schlotzhauer@ralstonschools.org)
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 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. Whenever 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.
13. **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, or receive Family Subsistence Supplemental Allowance payments, 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. Any additional combat pay resulting from deployment is also excluded from income.
14. **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 **Josie Schlotzhauer at 402-898-3430** to receive a second application.
15. **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, please call **Josie Schlotzhauer at 402-898-3430** or [Josie.Schlotzhauer@ralstonschools.org](mailto:Josie.Schlotzhauer@ralstonschools.org) Sincerely, Josie Schlotzhauer

**Return Completed Application to: Ralston Public Schools, 8545 Park Dr. Ralston, NE 68127 (Attn: Food Service)**

**Part 1: Children in School**

List names of all children in school (First, Middle Initial, Last). If all 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"/>

**Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDIPIR:  
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

<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

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

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

"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: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:** – and – **Check one or more Racial Identities:**

Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per \_\_\_\_\_

Year     Month     2 X Mo     Every 2 Wks     Week

Free       Reduced       Denied  
 Income  
 Categorically eligible:  
 SNAP/TANF/FDIPIR  
 Foster Child  
 Homeless/Migrant/Runaway;  
 (Official Documentation Required at School)

Reason for denial:  
 Income too high  
 Incomplete application

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FOR THE VERIFICATION PROCESS ONLY**

Signature of Confirming Official: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Signature of Verifying Official: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Date Withdrawn From School: \_\_\_\_\_

**Sharing Information with Other Programs – Optional 2022-2023**

---

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 the following programs (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Activity Fees    | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Athletics/Sports |  |

**For Grades 10, 11 and 12 ONLY:**

**Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application with the following programs (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> College Application Fees     | <input type="checkbox"/> College Scholarships           |
| <input type="checkbox"/> CollegePossible program      | <input type="checkbox"/> Avenue Scholars program        |
| <input type="checkbox"/> AP, SAT, ACT, PSAT exam fees | <input type="checkbox"/> EducationQuest grants benefits |

**YOU MUST SIGN AND RETURN THIS FORM FOR YOUR CHILD  
TO RECEIVE THE BENEFITS SELECTED ABOVE.**

**If you checked any of the programs above, fill out the form below. Your information will be shared only with the programs marked above.**

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 **Josie Schlotzhauer** at **402-898-3430**.

## 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 Names: 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, and 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, and 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. If you do this, you are certifying there is no income to report.
- 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 ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions.

- Part 1: List all children, the school they attend and their grade.
- 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 Names: 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, and 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** from SNAP, FDIPIR, 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, and 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. If you do this, you are certifying there is not income to report.**

**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.

**Use of Information 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 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 are 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:**

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 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, large print, audiotape, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7422; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Ralston Public Schools**  
**STUDENT FEE WAIVER APPLICATION**

Fees related to activities, athletics/sports, and performing arts may be waived. Parents or students who desire to have student fees waived must complete this form. **In order to qualify for the fee waiver, the family must be approved for Free or Reduced Price Meals.** (Meal application forms can be obtained from the school office. Complete and submit the form for approval, if not already done.) **Application for fee waiver may be made at any time, but must be renewed annually.** All activities for which a waiver is sought should be listed on this form.

**PLEASE COMPLETE ONE FORM PER STUDENT.**

(You may obtain more forms from the school office.)

Name of Student: \_\_\_\_\_ School Year: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Waivers are requested for the following activity or activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Please return this form to:** Food Service Department  
 8545 Park Drive  
 Ralston NE 68127

For Central Office Use Only	
Free/Reduced: ____ Not Qualified: ____ Initials: ____	Application: Accepted ____ Denied ____
Signature: _____	Date: _____
Comments: _____	

**Escuelas Públicas de Ralston**

**SOLICITUD PARA LA EXONERACIÓN DE CUOTAS ESTUDIANTIL**

Las cuotas de relacionados con las actividades, atletismo/deportes y las artes teatral se pueden exonerar. Los padres o estudiantes que desean tener cuotas de los estudiantes exoneradas deben completar este formulario. **Para calificar para la exoneración de cuotas, la familia debe ser aprobada de alimento gratuito o de precio reducido.** (Los formularios de solicitud de comidas se pueden obtener en la oficina de la escuela. Complete y envíe el formulario para su aprobación, si no lo ha hecho.) **Solicitud de exoneración de cuotas podrá ser formulada en cualquier momento, pero debe renovada cada año anualmente.** Todas las actividades para las que se solicita la exoneración deben escribirse en este formulario.

**POR FAVOR COMPLETE UN FORMULARIO PARA CADA ESTUDIANTE**

**(Puede obtener más formularios en la oficina de la escuela.)**

Nombre del Estudiante \_\_\_\_\_ Año Escolar: \_\_\_\_\_

Escuela y Grado: \_\_\_\_\_

Se pide exoneración para la siguiente actividad o actividades:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Nombre de Padres/Guardian: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de Casa: \_\_\_\_\_

Firma de Padres/Guardian: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Por favor envíe este formulario a:** Food Service Department  
8545 Park Drive  
Ralston NE 68127

Solo Para el Uso de la Oficina Central (For Central Office Use Only)	
Free/Reduced: ___ Not Qualified: ___ Initials: ___	Application: Accepted ___ Denied ___
Signature: _____	Date: _____
Comments: _____	