



Household#1 Primary Household (This is the address where the student resides)

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Should this address receive school mailings? ☐ Yes ☐ No

Parent/Guardian 1

Name: _____ Gender: ☐ Female ☐ Male Relationship: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2

Name: _____ Gender: ☐ Female ☐ Male Relationship: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Household#2 Secondary Household (This section should be completed ONLY if both parents DO NOT live in the Primary Household)

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Should this address receive school mailings? ☐ Yes ☐ No

Parent/Guardian 3

Name: _____ Gender: ☐ Female ☐ Male Relationship: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Parent/Guardian 4

Name: _____ Gender: ☐ Female ☐ Male Relationship: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

1. During the past three years, has any member of your immediate family previously or currently been employed in some form of temporary seasonal agricultural or agricultural-related work? ☐ Yes ☐ No
2. Does the student have a parent/guardian on active duty or serving in the reserve component of a branch of the United States Armed Forces? ☐ Yes ☐ No
If yes, Person's Name & Branch? _____
☐ Deployed ☐ Not Deployed ☐ National Guard ☐ Reserve

Emergency Contact (other than parent/ guardian)

#1 Emergency Contact Name: _____
Relationship: _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

#2 Emergency Contact Name: _____
Relationship: _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

#3 Emergency Contact Name: _____
Relationship: _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

I understand that Section 167.151 RSMo states as follows:

1. Any person who knowingly submits false information to satisfy any requirement of the residency requirements of the West Plains R-7 School District is guilty of a class A misdemeanor.
2. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent or legal guardian of the pupil, the costs of school attendance for any pupil who was enrolled at a school in the district and whose parent or legal guardian filed false information to satisfy any residency requirement of the West Plains R-7 School District.

I understand that means if I provide false information to the West Plains R-7 School District in order to satisfy the information requested it may constitute a violation of Missouri criminal law.

I further understand this means if any of the information provided by me herein is false, in addition to other penalties authorized by law, the West Plains R-7 School District may file a civil action to recover the costs of school attendance for the student who was enrolled in the West Plains School District on the basis of such false information.

Parent/Guardian Signature _____ Date _____

Transportation Elementary Only: Parents must provide the school with two addresses where their child may be transported to by the school bus. Transportation will not be provided to any other addresses. If it is necessary to deliver a student to an address other than the two provided to the school, this must be confirmed by face-to-face contact with the parent/guardian.

Afternoon Transportation Schedule: ☐ Bus Rider ☐ Parent Pick Up ☐ Boys & Girls Club

Primary Drop Off Address: _____

On What Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Secondary Drop Off Address: _____

On What Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Emergency School Closing Transportation: ☐ Regular Schedule ☐ Other

If Other Explain: _____

West Plains School District

PARENT CONSENT TO RELEASE OR OBTAIN RECORDS



Date _____

Student's Legal Name	Date of Birth	Grade	Previous school Name and Address	My Child has an IEP/504
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send the following information:

ATTN SPED DEPARTMENT:
WEST PLAINS PUBLIC SCHOOLS SPECIAL
SERVICES DEPT USES SPEDTRACK
(FOR RECORD PURPOSES)

Transcript
State Assessment Test Scores/NCLB requirement
Withdrawal Grades
Discipline Records
Attendance
Special Services Records/IEP/Psychological Records
Health Records

Print Name Parent/Guardian

Signature of Parent/Guardian

Relationship to Student

Address

City, State, Zip

Phone

Office Use Only:

Please fax, email, or send student records to:

West Plains Elementary (4030)
1136 Allen St.
West Plains, MO 65775
Attn: Sarah Mayfield

South Fork Elementary (5000)
3209 US HWY 160
West Plains, MO 65775
Attn: Lisa Fox

West Plains Middle School (3000)
730 East Olden St.
West Plains, MO 65775
Attn: Maggie Duncan

West Plains High School (1050)
602 East Olden St.
West Plains, MO 65775
Attn: Justin Fullington

Phone: 417-256-6158
Fax: 417-256-2358
Email: sarah.mayfield@zizzers.org

Phone: 417-256-2836
Fax: 417-255-1432
Email: lisa.fox@zizzers.org

Phone: 417-256-7152
Fax: 417-256-8907
Email: maggie.duncan@zizzers.org

Phone: 417-256-6150
Fax: 417-256-4998
Email: justin.fullington@zizzers.org

This consent may be modified or revoked by me at anytime upon written request to the party releasing the information, except to the extent that action has already been taken in reliance on this authorization. I understand that this information may not be forwarded to another individual, agency or organization without my written consent. I understand that I have the right to inspect, copy and challenge the information contained in the records received. I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release. I understand that failure to consent to such release of information may have an impact on the quality of services to be provided, but will not be grounds for termination of services by West Plains R-VII School District.

WEST PLAINS Public Schools
2023-2024



Homeless Enrollment Form

The term "homeless children and youth" –

- A. Means individuals who lack a fixed, regular, and adequate nighttime residence; and
- B. Includes—
 - i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
 - ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA).

- 1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ☐ Yes ☐ No
Explain _____
- 2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ☐ Yes ☐ No
- 3. Are you currently residing in an emergency or transitional shelter ☐ Yes ☐ No
- 4. Has the student been abandoned in a hospital? ☐ Yes ☐ No
- 5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ☐ Yes ☐ No
- 6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ☐ Yes ☐ No

The LEA ensures that homeless students are immediately enrolled in the school of choice and assisted with basic school requirements (e.g. record transfer, health and immunizations records and residency.)

The West Plains R-VII District will ensure these requirements are followed for each student meeting the above criteria.

Parent/Guardian Signature _____ Date _____

MSIP 5 Resource and Process Standards---April 2013

Governance G-5—the district complies with all provisions, regulations, and administrative rules applicable to each state and /or federal program implemented.

http://dese.mo.gov/sites/default/files/MSIP_5_Resource_and_Process_Standards.pdf

LETTER TO PARENTS

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. West Plains School District offers healthy meals every school day. Breakfast costs \$2.20; lunch costs \$3.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.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 the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (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.

Household Size	Annually	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
For each add'l person add	+9,509	+793	+183

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: Mr. Matthew Orchard, Homeless Liaison, at 417-256-6155 Ext 1011 or matthew.orchard@zizzers.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: Alissa Davenport at 610 E Olden St, West Plains, MO 65775. Completed applications may also be emailed to: alissa.davenport@zizzers.org.

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 Alissa Davenport at 417-256-6155 or alissa.davenport@zizzers.org immediately.

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. 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: Mr. Matthew Orchard at 610 E Olden, West Plains, MO 65775; by phone, at 417-256-6155 Ext 1011; or by email at matthew.orchard@zizzers.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 Alissa Davenport at 417-256-6155 or alissa.davenport@zizzers.org to receive a second application. You may also contact your child's building to receive another application or you may print the application on our website, zizzers.org.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call 417-256-6155.
Sincerely,

Mr. Matthew Orchard
Director of Human Resources and Student Services
610 E Olden St
West Plains, MO 65775
417-256-6155 Ext 1011

USDA Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

2023-2024 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

Attachment E

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)

[illegible]

STEP 2

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes/No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

STEP 3

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.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL gross income earned by all children listed in STEP 1 here.

Child Income		How often?	
Weekly	Bi-Weekly	2x Month	Monthly

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, if they do receive income, report gross income (before taxes) for each source in whole dollars (no cents) 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 Members (First and Last)	Earnings from Work		How often?		Public Assistance/ Child Support/Alimony	How often?		Pensions/Retirement/ All Other Income	How often?	
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly		2x Month	Monthly

Total Household Members (Children and Adults)

Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member:

				X	X	X	X
--	--	--	--	---	---	---	---

Check if no SSN: ☐

STEP 4

STEP 4 **Contact information and adult signature** Mail Completed Form To: **WEST PLAINS R-VII SCHOOL DISTRICT 610 E. OLDEN WEST PLAINS, MO 65057**

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)		City		State		Zip	
Apt #							
Printed name of adult completing the form				Signature of adult completing the form			
				Daytime Phone and Email (optional)			
				Today's date			

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)
 Food Stamps/Temporary Assistance Household size: _____ Total income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year
 Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ Date withdrawn: _____
 Error Prone Application: ☐ Yes ☐ No (Optional - See FAQs) Determining Official's Signature: _____ Date Approved/Denied: _____
 Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- 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	- 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
- Social Security - Disability Payments - 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 - A friend or extended family member regularly gives a child spending money			
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust			
- Income from any other source				

OPTIONAL Children's Racial and Ethnic Identities

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. If ethnicity/race is not selected, a visual identification will be determined.

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number".

Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442; or
 EMAIL: Program.Intake@usda.gov
 * Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

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 West Plains R-VII School District. If you have children who attend West Plains School District and a rural school district, you will need to fill out a separate application for both districts. 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 West Plains R-VII School District/Alissa Davenport at 417-256-6155 or alissa.davenport@zizzers.org.

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:			
<ul style="list-style-type: none"> 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 West Plains School District, regardless of age. 			
List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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.	Building name/Grade: If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

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

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?	
If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:	
<ul style="list-style-type: none"> The Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF) The Food Distribution Program on Indian Reservations (FDPIR). 	
If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
<ul style="list-style-type: none"> Leave STEP 2 blank and go to STEP 3. 	<ul style="list-style-type: none"> Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact State number 1-855-373-4636 Go to STEP 4.
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS	
How do I report my income?	
<ul style="list-style-type: none"> 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 all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> 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.

(Information follows on the reverse side.)

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.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) 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.

3.B. 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:**

- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, Children and students already listed in STEP 1.

List adult household members' names.
Print the name of each household member in the boxes marked "Names of Adult Household Members (First and last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report earnings from work: Report all total gross 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.

Report income from public assistance/child support/alimony.
Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

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.

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.

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."

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.

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.

Print and sign your name and write today's date.
Print the name of the adult signing the application and that person signs in the box "Signature of adult."

Mail Completed
Form to: West Plains
R-VII School
District/610 E. Olden
St., West Plains, MO
65775

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.

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

☐

YES

☐

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



West Plains R-VII Public Schools- PARENT QUESTIONNAIRE

School District Name West Plains R-VII Public Schools	Country District Code 046134
Disrict Migrant Contact Dr. Amy Ross	Enrollment Date

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is elibile for FREE additional educational services.

RELOCATION HISTORY

Have you moved to the school district in the past (3) years?	Yes No
In any location within the last three(3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	Yes No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	Yes No

In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing; potatoes; feeding livestock; growing, tending to, and felling trees

PARENT INFORMATION

PARENT /GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN THE HOME			DATE OF MOVE

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE