

HOUSEHOLD CENSUS INFORMATION 2021-2022



**WEST PLAINS
Public Schools**

This form should ONLY be filled out once by a parent/guardian.

Version 051319Form

Household #1 -- Primary Household (This is the address where the students reside)

PLEASE PRINT

Physical Address: _____

Address

City

Zip Code

Mailing Address (If different): _____

Address

City

Zip Code

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

Students and Parents/Guardians living at the address listed in the above Primary Household

Parent/Guardian 1 (Residing in Household #1)

Name: _____ Gender: Female Male

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Parent/Guardian 2 (This is either the second parent/guardian or a step parent living at the same Primary address above)

Name: _____ Gender: Female Male

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

List FULL NAME of ALL Students residing in the household	Parent/Guardian #1				Parent/Guardian #2			
	Relationship to Student				Relationship to Student			
	Father	Mother	Guardian	Other (list)	Father	Mother	Guardian	Other(list)
_____	<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"/>

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? (include children living with family due to parents being deployed) Yes No

If yes, person's name & Branch? _____

Deployed Not Deployed National Guard Reserve

By my signature below, I certify the information I provided on and in connection with this form is true, accurate and complete.

Parent/Guardian Signature _____ Date _____

**Please continue to the next page if both parents/guardians DO NOT live in the Primary Household listed above

If Applicable:

Household #2 Secondary Household

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

The wording of "Primary" and "Secondary" Households are only used to give the school district the ability to enter two addresses for the students in the computer system. It does not indicate or imply any legal division of custody in legal documents.

Physical Address: _____

Address City Zip Code

Mailing Address (If different): _____

Address City Zip Code

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

Students and Parent/Guardians living at the address listed above as the Secondary Household

Parent/Guardian 3 (This is generally a parent who does NOT live in the Primary Household)

Name: _____ Gender: Female Male

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Parent/Guardian 4 (This will generally be an individual living with a parent in the Secondary Household.)

Name: _____ Gender: Female Male

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

List FULL NAME of ALL Students residing in the household	Parent/Guardian #3 Relationship to Student				Parent/Guardian #4 Relationship to Student			
	Father	Mother	Guardian	Other (list)	Father	Mother	Guardian	Other(list)
_____	<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"/> _____

EMERGENCY CONTACT LIST

Parents will always be contacted first unless you give the district other instructions. Please list authorized emergency contacts who may be contacted and/or who may pick up students if parent/legal guardian cannot be contacted. (This includes siblings, grandparents, friends, etc.)

(If your children **DO NOT** have the same emergency contacts please fill out a sheet for each child.)

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

List Parent/Guardian in the order you preferred to be contacted in case of an emergency

#1 Parent/Guardian Name: _____ Preferred Phone # (____) _____ - _____

#2 Parent/Guardian Name: _____ Preferred Phone # (____) _____ - _____

#3 Parent/Guardian Name: _____ Preferred Phone # (____) _____ - _____

#4 Parent/Guardian Name: _____ Preferred Phone # (____) _____ - _____

Emergency Contact Comments if needed: _____

#1 Emergency Contact (other than parent/guardian)

Name: _____ Gender: Female Male

Address: _____ Relationship to students: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

#2 Emergency Contact (other than parent/guardian)

Name: _____ Gender: Female Male

Address: _____ Relationship to students: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

#3 Emergency Contact (other than parent/guardian)

Name: _____ Gender: Female Male

Address: _____ Relationship to students: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

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.

PRIMARY TRANSPORTATION DROP OFF

Name: _____

Address: _____

Phone: (____) _____ - _____ Bus Number: _____

Notes: _____

SECONDARY TRANSPORTATION DROP OFF

Name: _____

Address: _____

Phone: (____) _____ - _____ Bus Number: _____

WEST PLAINS Public Schools
2021-2022



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/GuardianSignature _____ Date _____

RESIDENCY ENROLLMENT CHECKLIST

Parent Information (please print)

Name of Parent/Guardian _____

Address _____ City/State Zip _____

Telephone Number (c) _____ (h) _____ (w) _____

Please print **ONLY** students' names living at the Primary Address. Then sign to certify the information you provided is true, accurate and complete.

Student Name _____ Student Name _____

Student Name _____ Student Name _____

Student Name _____ Student Name _____

By my signature below, I certify the information I provided on and in connection with this form in support of student application is true, accurate and complete.

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 _____

Below is for Office Use Only

Address Verification (Parent/Legal Guardian) (Attach copy of document)

_____ Rental contract or Real Estate Contract signed by all parties

_____ Utilities Bill, Gas Bill or Water Bill

_____ Driver's License issued within 3 months

_____ Current payroll check/stub

_____ (High School ONLY) K-8 Residency/Tuition Verification Form

Basis for Admission of Student (Section 167.020, RSMo)

_____ Resides with parent in the school district

_____ Resides with legal guardian in the school district (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration).

Below is for Office Use Only

_____ Resides with a military guardian in the school district.

_____ Homeless Child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

_____ living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home

_____ living in a community shelter facility

_____ living in transitional housing for less than one year

Give address or directions _____

_____ Special circumstances (Section 167.151, RSMo)

_____ an orphan

_____ one parent living

_____ parents do not contribute to the student’s support

_____ agriculture (all four of the following conditions must be met: owns real estate of which 80 acres or more are used for agricultural purposes, parent’s residence is on the real estate, at least 35% of the real estate is in the district, parent notified district on or before June 30 that student would be attending)

_____ Resides with “Relative Caregiver” (Section 431.058, RSMo) A person 18 years of age or older who is related to the child by blood, marriage, or adoption who is not the parent and who represents that the child is living with the adult and that the adult is responsible for the care of the child and the parent has given consent.

_____ Parent is a teacher or a regular employee with the district (Board policy required – Section 163.011.2, RSMo, Section 167.151, RSMo, Section 168.151 RSMo)

Other exemptions to the residency requirements (Section 167.020.6, RSMo)

_____ Attending school not in the pupil’s district of residence as a participant in an inter-district transfer program established under a court-ordered desegregation program

_____ A ward of the state and has been placed in a residential care facility by state officials*

_____ Has been placed in a residential care facility due to a mental illness or developmental disability*

_____ Has been placed in a residential facility by a juvenile court*

_____ Has a disability identified under state eligibility criteria if the student is in the district for reason other than accessing the district’s educational program

*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

Student Admission

Date of Student Admission _____

Student denied admission. Date of denial _____

Waiver requested. Date of request _____

LETTER TO PARENTS FOR SCHOOLS OPERATING SEAMLESS SUMMER OPTION FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **West Plains Schools** is offering free meals to all **[enrolled students/children ages 18 and under]** under COVID-19: Child Nutrition Response #85 Nationwide Waiver to Allow the Seamless Summer Option through School Year 2021-2022. Households are still encouraged to complete and submit an application for free and reduced price meals to the district for processing. Free and reduced data is used to help maintain meal count system requirements, report to the Department of Elementary and Secondary Education for funding formulas, and establish eligibility for other benefits, particularly Pandemic Electronic Benefits Transfer (P-EBT) and Emergency Broadband Benefit. 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 QUALIFIES FOR 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	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each add'l person add	+ 8,399	+ 700	+ 162

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 **West Plains school, Dr. Amy Ross, homeless liaison or migrant coordinator at (417)256-6150 or amy.ross@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: **Melissa Bregenzner, 610 E. Olden St. West Plains, Mo 65775 (417)256-6155.**

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 **Melissa Bregenzner, 610 E. Olden St. West Plains, Mo 65775 (417)256-6155, melissa.bregenzner@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: **Dr. Wesley Davis, 610 E. Olden St. West Plains, Mo 65775 (417)256-6155 or wesley.davis@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 **Melissa Bregenzer, 610 E. Olden St. West Plains, Mo 65775 (417)256-6155, melissa.bregenzer@zizzers.org 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 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,

**Dr. Wesley Davis
Assistant Superintendent
West Plains R-7 Schools**

USDA 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 conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, 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: 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) 690-7442; or
- (3) email: program.intake@usda.gov.

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 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 West Plains School/Melissa Bregenzer; (417)256-6155 or melissa.bregenzer@zizzers.org.

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 [building name/grade here], 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.

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:

- 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:

- Leave STEP 2 blank and go to STEP 3.
- 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?

- 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.
 - o Gross income is the total income received before taxes
 - o 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:**
 - 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.

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.

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 income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

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.

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.

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 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.

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

Date Received by LEA (LEA use only)

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)

Child's First Name	MI	Child's Last Name	Building Name	Grade	Homeless, Migrant, Runaway	Foster Child

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: _____ 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)

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. For each Household Member listed, 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	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	How often?	How often?
	Weekly	Bi-Weekly	2x	Month	Monthly

Total Household Members (Children and Adults)

Last four digit of Social Security Number (SSN) of primary wage earner or other adult household member. Check if no SSN

STEP 4 Contact information and adult signature **Mail Completed Form To: West Plains School District 610 E. Olden St. West Plains, Mo. 65775**

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 # Daytime Phone and Email (optional)

Printed name of adult completing the form Signature of adult completing the form

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, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

Household size: Per: Week Every 2 Weeks Twice a Month Month Year

Eligibility: Free Reduced Denied Reason: _____ Date withdrawn: _____

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
- 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)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government
- Social Security	- 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	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	- 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending		
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		

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

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, 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, 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) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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: _____