



Dear Parent/Guardian:

Children need healthy meals to learn. The Elk Point-Jefferson School offers healthy meals every school day. Breakfast costs \$1.70; lunch costs for children in grades JK-5 is \$2.85 and for children in grades 6-12 is \$3.00. **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 SNAP, the Food Distribution Program on Indian Reservations (FDPIR), or TANF are eligible for free meals
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals
- Children participating in their school's Head Start program are eligible for free meals
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines; your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person:	\$8,732	\$728	\$168

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 Donna Mau at 605-356-5950 or e-mail Donna.Mau@k12.sd.us.
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: Donna Mau, PO Box 578, Elk Point, SD 57025 (605-356-5950).**
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 Donna Mau by mail – PO Box 578, Elk Point, SD 57025, by phone 605-356-5950 or email Donna.Mau@k12.sd.us right away so those children get benefits, too.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **YES.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for free or reduced-price meals. WIC and Medicaid are not automatic qualifications. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials by calling Donna Mau at 605-356-5950 or email Donna.Mau@k12.sd.us. You also may ask for a hearing by calling or writing to: Travis Geary, Elk Point-Jefferson School District Board President, PO Box 578, Elk Point, SD 57025, 605-356-5950, Travis.Geary@k12.sd.us.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF MY INCOME CHANGES DURING THE YEAR OR MY SNAP, TANF, OR FDPIR BENEFITS CHANGE? If your application for free or reduced-price benefits was properly approved, you will remain eligible for those benefits for a certain period of time. You may visit with a school/center official to get the exact date the meal benefits will expire.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. When this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are also excluded from income.

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

If you have other questions or need help, call 605-356-5950.

Sincerely,
Donna Mau

2022-2023 Application for Free and Reduced-Priced School Meals or Free Milk
 Complete one application per household. Please use a pen (not a pencil).

New Applicant Previous Applicant

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 Name	Age	Write name of child's school, or "not in school"	If student, write in the grade	Homeless, Migrant, Runaway	Foster Child
				<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"/>

Check all that apply

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

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

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

Case Number.

Write only one case number in this space.

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

A. Child Income

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

Child income	How often? Weekly	Bi-Weekly	2x/Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

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

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Farm, Fishery, or Other Business Income				Check if no SSN
			Weekly	Bi-Weekly	2x/Month	Monthly	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

How often? Weekly Bi-Weekly 2x/Month Monthly

STEP 4 : Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form _____

Street Address (if available) _____ Apt.# _____

City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

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

INSTRUCTIONS: Sources of Income

Sources of Income for Children

- Sources of Child Income**
 - Earnings from work
 - Example(s)
 - A child has a regular full or part-time job where they earn a salary or wages
 - Social Security
 - Disability Payments
 - Survivor's Benefits
 - Income from person outside the household
 - Income from any other source
 - A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

- Earnings from Work**
 - 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, F SSA or privatized housing allowances)
 - Allowances for off-base housing, food and clothing
- Public Assistance / Alimony / Child Support**
 - 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
- Pensions / Retirement / All Other Income**
 - Social Security (including railroad retirement and black lung benefits)
 - Private pensions or disability benefits
 - Regular income from trusts or estates
 - Annuities
 - Investment income
 - Earned interest
 - Rental income
 - Regular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic

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

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

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Civil Rights: Information if you have a complaint

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, 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: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income: _____ Household Size: _____

How Often?

Weekly	Bi-Weekly	2xMonth	Monthly	Annual
--------	-----------	---------	---------	--------

Categorical Free Eligibility: (Select 1)

Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR
--------	----------	---------	---------	------------------

Income Eligibility: (Select 1)

Free	Reduced	Denied
------	---------	--------

Determining Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Verifying Official's Signature _____ Date _____

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit **one** application per household, even if your children attend more than one school in the Elk Point-Jefferson 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 Donna Mau at 605-356-5950 or email Donna.Mau@k12.sd.us.

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 you provide care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Elk Point-Jefferson School, *regardless of age*

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

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

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

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

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

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

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

REPORT INCOME EARNED BY CHILDREN

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

REPORT INCOME EARNED BY ADULTS

Who should I list here?

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

a) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." 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.**

b) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

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.

c) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. 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.

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

e) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

f) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

B) Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.

- Gross income is the total income received before taxes
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

C) Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

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

What if I am self-employed?

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

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

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

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

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

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

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

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

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

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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

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



Elk Point-Jefferson School District #61-7

402 S. Douglas Street
Elk Point, SD 57025
Phone (605) 356-5900
Fax (605) 356-5999

"Showing Pride...Taking Action"

Agreement for Disclosure of Free and Reduced Price Information

Please complete and return this form with your application for free and reduced lunch if you have a junior or senior in high school. Completing this form will allow us to help your junior or senior access the programs outlined in this form.

I. Purpose and Scope

Elk Point-Jefferson School acknowledges and agrees that children's free and reduced price meal and free milk eligibility information obtained under provisions of the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.) (NSLA) or Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) (CNA) and the regulations implementing these Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the Elk Point-Jefferson School to agencies that provide services about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that Elk Point-Jefferson School and outside agencies recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. Authority Section

9(b)(6)(A) of the NSLA (42 U.S.C. 1758(b)(6)(A)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the Children's Health Insurance Program (CHIP). Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The requesting agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated.

Note: Section 9(b)(6)(A) specifies that certain programs may receive children's eligibility status only, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(6)(D)(ii) specifies that for State Medicaid or CHIP, parents must be notified and given an opportunity to elect not to have information disclosed. Social Security Numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their Social Security Numbers as required by Sec.7 of the Privacy Act.

Check All That Apply		
Program or Person	Information Authorized	Check box to authorize use of information
EPJ High School School Counselor	Information on high school student eligibility status as free or reduced lunch to determine eligibility for the programs listed below as well as any new academic related programs or services. School counselor will send a copy of the eligibility letter to provide documentation of status.	
Department of Labor Services (Internship placement and related services for HS student)	Letter provided to the Department of Labor for verification of free or reduced lunch status.	
Free or reduced cost college, college prep or high school classes and related costs for HS student.	Letter provided to organization for verification of free or reduced lunch status.	
ACT fee waiver, college application fee waiver, and any other related fee waivers for HS student.	Letter provided to organization for verification of free or reduced lunch status.	
Other academic related program or services for HS student.	Letter provided to organization for verification of free or reduced lunch status.	

III. Responsibilities

Elk Point-Jefferson School will:

When required, secure the consent of parents/guardians prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the determining agency;

For State Medicaid and CHIP, notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed; Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

Elk Point-Jefferson School will:

Ensure that only persons who are directly connected with the administration or enforcement of the programs and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

Specify by name(s) or title(s) Christine McMeekin-Hemmingstad

Use children's free and reduced price eligibility information for the following specific purpose(s): See information above.

Inform all persons that have access to children's free and reduced price meal eligibility information that the information is confidential, that children's eligibility information must only be used for the purposes specified above, and the penalties for unauthorized disclosures.

Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows: Only use information to help student access academic related services at free or reduced costs.

Specifically describe how the information will be protected from unauthorized uses and further disclosures. Only the free and reduced verification letter will be sent.

Description of Procedures to Transfer Meal Eligibility Information (may be completed by either the determining agency or receiving agency) Letter will be emailed, mailed or hand delivered to the receiving agency / program.

IV. Effective Dates

This agreement shall be effective while the student attends Elk Point-Jefferson High School. Agreement ends once student graduates or unless notified in writing by parent or guardian

V. Penalties

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(6)(C) of the National School Lunch Act; 42 U.S.C. 1758(b)(6)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals or free milk, shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. Signatures

The parties acknowledge that children's free and reduced price meal and free milk eligibility information may be used only for the specific purposes stated above, and that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law, which may result in civil and criminal penalties.

Requesting Agency/Program Administrator:

Name: Christine McMeekin-Hemmingstad Signature: Christine McMeekin-Hemmingstad

Title: EPJ School Counselor Date: August 18, 2022

Parent / Guardian

Name: _____ Signature: _____

Title: _____ Date: _____

Please make sure you have checked the boxes on page two of this form.

