

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2023**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$18,954	\$1,580	\$365	\$26,973	\$2,248	\$519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each add'l member	+6,682	+ 557	+ 129	+9,509	+793	+183

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Gross Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers. (Information follows on the reverse side.)

Foster Children whose care and placement is the responsibility of the State, or who is placed by a court with a caretaker household, is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non-foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

LETTER TO PARENTS

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Lexington R-V School District** offers healthy meals every school day. Breakfast costs **\$2.30**; lunch costs **\$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 **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 **Lexington R-V School District at 660-259-4369 or Nicky Bennett, District Social Worker. 660-259-4391 or nbennett@lexington.k12.mo.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: **Lexington R-V School District, 817 S. Business Highway 13, Lexington, MO 64067, 660-259-4369.**

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 **Lexington R-V School District, 817 S. Business Highway 13, Lexington, MO 64067, 660-259-4369** or kgould@lexington.k12.mo.us 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: **Sarrah Morgan, Superintendent of Schools, 817 S. Business Highway 13, Lexington, MO 64067, 660-259-4369.**
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 **Lexington R-V School District, 817 S. Business Highway 13, Lexington, MO 64067, 660-259-4369** 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 **660-259-4369**.
Sincerely,

Sarrah Morgan
Superintendent of Schools

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.

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 [Lexington R-V 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 instruction is the same as the steps on your application. If at any time you are not sure what to do next, please contact [Lexington R-V School District, Board of Education, 660-259-4369](#).

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 [Lexington R-V 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.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

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**.

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 FDIPIR. 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 –Family Support Division, 660-259-2294. • 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.
 - 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:**
 - 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 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.

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.

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.

<p>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.</p>	<p>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."</p>	<p>Mail Completed Form to: Lexington R-V School District, 817 S. Business Highway 13, Lexington, MO 64067</p>	<p>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.</p>
---	---	--	--

2023-2024 Application for Free and Reduced Price School Meals

Date Received by LEA (LEA use only) _____ Attachment B

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, Child Runaway

Definition of Household Member: "Anyone who is living with you and 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? 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: _____

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	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?			Total Household Members (Children and Adults)	Last four digits of Social Security Number (SSN) of primary wage earner or other adult household member.	Check if no SSN	
		Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly				Bi-Weekly
	\$				\$				\$							
	\$				\$				\$							
	\$				\$				\$							

STEP 4 Contact information and adult signature **Mail Completed Form To: LEXINGTON R-V SCHOOL DISTRICT, 817 S. BUSINESS HIGHWAY 13, LEXINGTON, MO 64067**

¹ certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

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

Daytime Phone and Email (optional) _____

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, 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: _____ Date Approved/Denied: _____ Date: _____

Error Prone Application: Yes No (Optional - See FAQs) Determining Official's Signature: _____

Confirming Official's Signature (For verification purposes only): _____

INSTRUCTIONS Sources of Income

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

Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- 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 - 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
- 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		

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 FAX: (833) 256-1665 or (202) 690-7442; or
 Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410 EMAIL: Program.Intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

This institution is an equal opportunity provider.

PUBLIC RELEASE

July 1, 2023,

Lexington R-V School District announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$18,954	\$1,580	\$365	\$26,973	\$2,248	\$519
2	25,636	2,137	493	36,482	3,041	702
3	32,318	2,694	622	45,991	3,833	885
4	39,000	3,250	750	55,500	4,625	1,068
5	45,682	3,807	879	65,009	5,418	1,251
6	52,364	4,364	1,007	74,518	6,210	1,434
7	59,046	4,921	1,136	84,027	7,003	1,616
8	65,728	5,478	1,264	93,536	7,795	1,799
Each add'l member	+6,682	+ 557	+ 129	+9,509	+793	+183

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income or other information provided on the application at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside. Households with children who are eligible under the foster, Head Start, homeless, migrant, or runaway programs should contact the school for assistance in receiving meal benefits. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants may be eligible for free or reduced price meals.

Children who are members of households currently certified as receiving Food Stamps, TANF or FDPIR are eligible for free meals. To complete an application, the household must provide the names of the children, a statement that the household receives the qualifying benefits, the Food Stamps/TANF/FDPIR case number, and the signature of the adult household member making application. When known by the school that members of a household are receiving assistance from Food Stamps, TANF or FDPIR, households will be notified of their children's eligibility for free school meals. If any children in the household were not listed on the eligibility notice or not listed on the application, the household should contact the school to have benefits extended to all children in the household.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Under the provisions of the policy, the **Superintendent of Schools** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **Superintendent of Schools, Mrs. Sarrah Morgan, 817 S. Business Highway 13, Lexington, MO 64067..** Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

(Information follows on the reverse side.)

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, 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/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.

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: _____



Does your child need health care coverage?

MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines)

Who Is Eligible?

A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

MO HealthNet for Kids Non-SCHIP

- 196% Federal Poverty Level (FPL) for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL; and
- Child is uninsured

MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured; and
- Children in families with gross income over 150% FPL without access to affordable health insurance (from \$115 to \$311 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to ensure that no family pays more than 5% of their income for coverage.

To Apply:

- **On line** at mydss.mo.gov/healthcare. Please send an email to Cole.MHNPolicy@dss.mo.gov with subject line "School" to let us know to watch for your application.
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- **Request an application** from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- **Print an application** online at dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf. Please write "SCHOOL" at the top of the application.

INCOME GUIDELINES EFFECTIVE APRIL 1, 2023

Children under age 1 at 196% of the federal poverty level:	
Family Size	Income Limit*
1	\$2382
2	\$3221
3	\$4061
4	\$4900
5	\$5740

Children ages 1-18 at 148% of the federal poverty level:	
Family Size	Income Limit*
1	\$1799
2	\$2433
3	\$3067
4	\$3700
5	\$4334

150% of the federal poverty level:	
Family Size	Income Limit*
1	\$1823
2	\$2465
3	\$3108
4	\$3750
5	\$4393

300% of the federal poverty level:	
Family Size	Income Limit*
1	\$3645
2	\$4930
3	\$6215
4	\$7500
5	\$8785

*The Federal Poverty level changes in April.



¿Su hijo necesita cobertura de atención médica?

MO HealthNet para Menores quizás sea lo que necesita.

MO HealthNet para Menores es un programa que ofrece cobertura de atención médica a personas menores de 19 años de edad cuya familia percibe ingresos que cumplen ciertos criterios (observe el reverso de este documento para conocer los requisitos respecto a ingresos).

¿Quiénes pueden participar?

Toda persona:

- menor de 19 años de edad;
- que cuente con un número de seguro social, o que lo solicite;
- que habite en Missouri y no tenga la intención de abandonar el estado;
- que sea ciudadano estadounidense o inmigrante calificado que cumpla los requisitos (NOTA: la recepción de beneficios de MO HealthNet NO somete a los inmigrantes calificados a ser considerados como carga para el Estado);
- cuyo progenitor esté dispuesto a cooperar con la Unidad de Cumplimiento de Manutención Infantil (CSE) en la búsqueda de atención médica, y;
- que tenga un ingreso familiar computable que cumpla los requisitos respecto a ingresos.

MO HealthNet para Menores que no pertenecen al programa SCHIP

- 196% del nivel federal de pobreza, en el caso de menores de menos de 1 año de edad.
- 148% del nivel federal de pobreza, en el caso de menores de 1 a 18 años de edad.

MO HealthNet para Menores (con SCHIP) Sin Comisión

- Ingreso bruto familiar mayor al 148% del nivel federal de pobreza y hasta 150% del nivel federal de pobreza;
- El menor no está asegurado.

MO HealthNet para Menores (con SCHIP) Con Comisión

- Ingreso bruto familiar mayor al 150% del nivel federal de pobreza y hasta 300% del nivel federal de pobreza;
- El menor no está asegurado;
- Menores en familias con un ingreso bruto mayor al 150% del nivel federal de pobreza, sin acceso a un seguro médico asequible (de \$115 a \$311 mensuales, con base en el número de miembros y el ingreso de la familia) y se requiere que la familia pague una comisión mensual. Los costos de las comisiones se modifican en julio de cada año. La comisión se basa en el número de miembros y el ingreso de la familia para garantizar que ninguna familia pague más del 5% de su ingreso por cobertura.

Para tramitar su solicitud:

- **Por Internet** en mydss.mo.gov/healthcare. Por favor, envíe un correo electrónico a Cole.MHNPpolicy@dss.mo.gov. En el asunto escriba "School" ("Escuela") para que le brindemos la debida atención a su solicitud.
- **Por teléfono**, al número 1-855-373-9994. Al comunicarse con un representante indique que se trata de una "School Application" ("Solicitud Escolar").
- **Pida un formulario de solicitud** al número 1-855-FSD-INFO (1-855-373-4636). Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.
- **Imprima un formulario de solicitud**, disponible en la página de Internet: dssmanuals.mo.gov/wp-content/uploads/2020/05/im-1sslsp.pdf. Una vez que consiga el formulario, escriba "SCHOOL" ("ESCUELA") en la parte superior del formulario de solicitud.

REQUISITOS RESPECTO A INGRESOS; VIGENTES A PARTIR DEL 1 DE ABRIL DEL 2023

Menores de menos de 1 año de edad con 196% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$2382
2	\$3221
3	\$4061
4	\$4900
5	\$5740

Menores de entre 1 y 18 años de edad con 148% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$1799
2	\$2433
3	\$3067
4	\$3700
5	\$4334

150% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$1823
2	\$2465
3	\$3108
4	\$3750
5	\$4393

300% del nivel federal de pobreza:	
Número de Miembros de la Familia	Límite de Ingresos*
1	\$3645
2	\$4930
3	\$6215
4	\$7500
5	\$8785

*En caso correspondiente, el nivel federal de pobreza se modifica en abril.

INCOME ELIGIBILITY GUIDELINES
(EFFECTIVE JULY 1, 2023 THROUGH JUNE 30, 2024)

Household Size	FREE MEALS - 130%						REDUCED PRICE MEALS - 185%					
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month		
1	\$18,954	\$1,580	\$365	\$729	\$790	\$26,973	\$2,248	\$519	\$1,038	\$1,124		
2	25,636	2,137	493	986	1,069	36,482	3,041	702	1,404	1,521		
3	32,318	2,694	622	1,243	1,347	45,991	3,833	885	1,769	1,917		
4	39,000	3,250	750	1,500	1,625	55,500	4,625	1,068	2,135	2,313		
5	45,682	3,807	879	1,757	1,904	65,009	5,418	1,251	2,501	2,709		
6	52,364	4,364	1,007	2,014	2,182	74,518	6,210	1,434	2,867	3,105		
7	59,046	4,921	1,136	2,271	2,461	84,027	7,003	1,616	3,232	3,502		
8	65,728	5,478	1,264	2,528	2,739	93,536	7,795	1,799	3,598	3,898		
For each add'l person, add	+6,682	+557	+129	+257	+279	+9,509	+793	+183	+366	+397		

