



Indian River School District

Nutrition Services Department

31 Hosier Street, Selbyville, DE 19975

INSTRUCTIONS FOR APPLYING 2011-2012 Meal Benefit Form

Use **ONE MEAL BENEFIT FORM** per household for all students in the Indian River School District. A household member is any child or adult living with you. Incomplete Meal Benefit Forms cannot be approved for benefits.

To apply for free and reduced price meals, complete the meal benefit form (MBF) using the instructions for your household category. Sign the meal benefit form and return the form to the school. If you need help, telephone Mr. Toomey at (302) 436-1000, ext. 1161.

♦If your household receives benefits from DE-SNAP or DE-TANF, follow these instructions. If you received a letter by the first week of school stating all of your children have already been approved for free meals, then no further action is needed. However if a child's name is not listed in the letter, then you must apply for benefits.

- Part 1** Print the name(s) of all children you are applying for with oldest student first. List the school and grade for each child. Also list children in kindergarten or preschool.
- Part 2** List the current DE-SNAP or DE-TANF case number for any household member (including adults) receiving SNAP or TANF benefits. We need the **10-digit CASE number**, not the EBT number on your ID card. If you do not have the case number, contact your worker to get the number.
- Parts 3, 4 & 5** Skip these parts.
- Part 6** An adult household member must sign the meal benefit form. The last four digits of a Social Security number are not necessary. Indicate your current home mailing address and phone number.
- Part 7** Check "No" if you do not want information from the Free and Reduced Meal Benefit Form shared with Medicaid or CHIP.
- Part 8** Answer this section if you choose.

♦If no one in your household receives DE-SNAP or DE-TANF benefits and if any child in your household is HOMELESS, MIGRANT, OR RUNAWAY, follow these instructions. Complete Part 1, skip Part 2, and check the appropriate box in Part 3. Complete Part 5 only if a child in your household isn't eligible under Part 3. See *Instructions for All Other Households*. Complete Part 6 and sign the form. Contact the school or appropriate district coordinator.

♦If you are applying for a FOSTER CHILD or a child who is the legal responsibility of a court or under DSCYF Agency care, follow these instructions:

If all children in the household are foster children:

- Part 1** List all foster children and the school name and grade for each child. Check the box by student name indicating the child is a foster child.
- Parts 2 & 3** Skip these parts.
- Part 4** Check box by the name of every foster child in Part 1 in the Foster Child column.
- Part 5** Skip this part.
- Part 6** A foster parent or other official representing the child must sign the meal benefit form. The last four digits of a Social Security number are not required. Indicate your current mailing address and phone number.
- Part 7** Check "No" if you do not want information from the Free and Reduced Meal Benefit Form shared with Medicaid or CHIP.
- Part 8** Answer this section if you choose.

If some of the children in the household are foster children:

- Part 1** List all students with the oldest student first, check box if a foster child, and indicate school and grade.
- Part 2** If the household does not have a case number, skip this part.
- Part 3** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school homeless liaison or migrant coordinator. If not, skip this part.
- Part 4** If any child you are applying for is foster, check the box for Foster Child by the student's name in Part 1.
- Part 5** Follow these instructions to report total household income from this month or last month.
Column 1 – Name: List all household members
Columns 2-5 – Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. **See Part 5 in the next section for more details.**
Column 6 – For any person, including children, with no income, you must check the "No Income" box.
- Part 6** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one.) List your current mailing address and phone numbers.
- Part 7** Check "No" if you do not want information from the Free and Reduced Meal Benefit Form shared with Medicaid or CHIP.
- Part 8** Answer this section if you choose.
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◆ ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1** Print the name(s) of all children you are applying for with the oldest student first. List the student's school and grade. Also list children in kindergarten or preschool.
- Part 2** If the household does not have a case number, skip this part.
- Part 3** Check the appropriate box, if any.
- Part 4** Skip this part.
- Part 5** Follow these instructions to report **total household income** from last month. Examples of income to report are listed on the next page.
- NAMES OF HOUSEHOLD MEMBERS:** Print the last and first name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you (even children not in school). Attach another sheet of paper if necessary.
 - Gross Earnings from Work (Before Deductions) and how often it was received:** Next to the person's name, list the **gross income** each person earned from work. This is *not* take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. **Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).**
 - Any Other Income:** List the amount of gross income each person received last month from other jobs or other sources (unemployment, worker's compensation, SSI, VA benefits, disability benefits, welfare, regular contributions from people who do not live in your household). **Next to the amount, write how often the person received it.** For the self-employed ONLY, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you get military *combat* pay, do not include this allowance as income.
 - Public Assistance Payments, Child Support, Alimony:** List the amount of income each person received last month from public assistance, child support, and alimony. Next to the amount, write how often the person received it. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency.
 - Income from Pension, Retirement, and Social Security:** List the amount of income each person received last month from pension, retirement, and Social Security. Next to the amount, write how often the person received it.
 - Check if NO income:** If the person does not have any income, check the box.
- Part 6** An adult household member must sign the form and list the last four digits of his/her Social Security Number (or mark the box if s/he doesn't have one.) List your current mailing address and phone numbers.
- Part 7** Check "No" if you do not want information from the Free and Reduced Meal Benefit Form shared with Medicaid or CHIP.
- Part 8** Answer this question if you choose.

INCOME TO REPORT**Earnings from Work**

Wages/Salaries/Tips
 Strike Benefits
 Unemployment Compensation
 Worker's Compensation
 Net Income from Self-Owned Business,
 Day Care Business or Farm

Pensions/Retirement/Social Security

Pensions
 Retirement Income
 Social Security
 Veteran's Payments
 Supplemental Security Income

Other Monthly Income/Self-employment

Earnings from second Job
 Disability Benefits
 Cash withdrawal from savings
 Interest/Dividends
 Income from Estates/Trusts/Investments
 Net Royalties/Annuities/Net Rental Income
 Regular contributions from persons not living in the household
 Any other monies available to pay for the child's meals

Public Assistance/Child Support/Alimony

Public Assistance Payments
 Welfare Payments
 Alimony/Child Support Payments

Privacy Act Statement: This explains how we will use the information you give us.

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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."