

# DOTHAN CITY SCHOOLS

## 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 1 application per household, even if your children attend different schools within Dothan City Schools. 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 **the CNP Manager at your child's school (school phone numbers are listed at the bottom of these instructions)**.

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

### PART 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 Dothan City Schools, *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. 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.

**B) List each child's birthdate (optional).** Giving your child's birthdate is optional, but helps us easily identify your child when processing meal applications.

**C) List each child's grade (optional).** Giving your child's grade is optional, but helps us easily identify your child when processing meal applications.

**D) List each child's school code (optional).** Providing the school code is optional, but helps us easily identify your child when processing meal applications. Codes are listed in red beside the school name at the bottom of these instructions.

**E) Is the child a student at Dothan City Schools?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **Dothan City Schools**.

**F) 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 completing STEP 1, skip to STEP 4 of the application and these instructions. 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.

**G) 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**.

### PART 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)
- ◆ Food Distribution Program on Indian Reservations (FDPIR)

**A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Leave **Part 2** blank and complete **Part 3**.

**B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**

- Check box for program in which your household participates
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: **the local Food Stamp Office**.
- Go to **STEP 4**.

## PART 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 below 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 amount taken from your pay.
  - Write a “0” in any fields where there is not 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.

Sources of Income for Children	
Sources of Child Income	Example(s)
◆ Earnings from work	◆ A child has a job where they earn a salary or wages.
◆ Social Security <ul style="list-style-type: none"> <li>• Disability Payments</li> <li>• Survivor's Benefits</li> </ul>	◆ 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 persons <i>outside</i> the household	◆ A friend or extended family member <i>regularly</i> gives a child spending money.
◆ Income from any other source	◆ A child receives income from a private pension fund, annuity, or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
◆ Salary, wages, cash bonuses ◆ <b>Net</b> income from self-employment (farm or business) ◆ Strike benefits <b>If you are in the U.S. Military:</b> ◆ Basic pay and cash bonuses ( <i>do NOT include combat pay, FSSA or privatized housing allowances</i> ) ◆ Allowances for off-base housing, food, and clothing	◆ Unemployment benefits ◆ Worker's compensation ◆ Supplemental Security Income (SSI) ◆ Cash assistance from State or local government ◆ Alimony payments ◆ Child support payments ◆ Veteran's benefits	◆ Social Security (including railroad retirement and black lung benefits) ◆ Private Pensions or disability ◆ Income from trusts or estates ◆ Annuities ◆ Investment income ◆ Earned interest ◆ Rental income ◆ <i>Regular</i> cash payments from outside household

### A. REPORT INCOME EARNED BY CHILDREN

**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 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.

### 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.**
- a. **List Adult Household member’s name.** 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 value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only 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.”

## PART 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) Print and sign your name.** Print your name in the box above "Printed name of adult completing the form." Sign your name in the box above "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).** At the bottom 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.

### CHILD NUTRITION CONTACT NUMBERS

Call the school's CNP Manager if you have questions on completing the application.

School Code	School Name	Phone #	Ext.	School Code	School Name	Phone #	Ext.
012	Beverlye Intermediate	794-1432	238025	125	Head Start Center	794-1447	773230
010	Carver School	794-1440	227025	080	Heard Elementary	794-1471	432025
135	Dothan Early Education	794-1420	332028	085	Hidden Lake Primary	794-1491	443143
115	Dothan High School	794-1410	647261	092	Highlands Elementary	794-1459	444146
035	Dothan Preparatory	794-1400	368235	097	Kelly Springs Elementary	983-6565	532025
150	Faine Elementary	794-1455	324028	105	M. Slingluff Elementary	794-1479	754129
060	Girard Intermediate	794-1426	467033	130	Selma St. Elementary	794-1463	735025
050	Girard Primary	794-1467	447026				

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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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax:

(202) 690-7442; or

(3) email:

program.intake@usda.gov.

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