Dear Parent/Guardian:

Our school is participating in the Community Eligibility Option under the National School Lunch Program. The CEO provision is directed toward schools with a high percentage of economically disadvantaged students. Under CEO, all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to your child’s school.

2. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE. WHY SHOULD I COMPLETE THIS FORM AS WELL?** Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge.

3. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

4. **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.

5. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

6. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn’t received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call **606-598-2168, extension 2024**.

Sincerely,

Jennifer D. Smith

DPP Secretary / CEO FRAM Coordinator
INSTRUCTIONS FOR APPL YING

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child’s grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from KTAP or SNAP benefits, please follow these instructions.

Part 2: List the case number for one household member (adult or child) who receives KTAP or SNAP benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form.

If your child is homeless, a migrant or a runaway, follow these instructions.

Part 2: Skip this part.
Part 3: Check the appropriate category and call Jennifer Smith or Amon Couch at 598-2168.
Part 4: Skip this part.
Part 5: Sign the form.

If you have foster child(ren) only, follow these instructions. You do not need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If all children in the household are marked as foster children in Part 1:
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
  • Section 1–Name: List all household members who have income.
  • Section 2–Gross Income and How Often It Was Received: List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
    ○ Earnings from work: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should only be reported for self-owned business, farm, or rental income.
    ○ Welfare, Child Support, Alimony: List the amount each person receives, and check the box to tell us how often.
    ○ Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits: List the amount each person receives, and check the box to tell us how often they receive it.
    ○ All Other Income: List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
    ○ If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.
Clay County Public Schools are participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to your child’s school.

### PART 1. ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Names of all people living in your household (First, Middle Initial, Last)</th>
<th>School the child attends, or indicate “NA” if household member is not in school</th>
<th>Grade Level</th>
<th>Check if a foster child (legal responsibility of welfare agency or court) if all children listed below are foster children, skip to Part 5 to sign this form.</th>
<th>Check if NO income</th>
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### PART 2. BENEFITS

If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, go to Part 3.

**NAME:** ____________________________

**CASE NUMBER:** ____________________

### PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call JENNIFER SMITH OR AMON COUCH AT 598-2168.

**HOMELESS** [ ] **MIGRANT** [ ] **RUNAWAY** [ ]

### PART 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions)

List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information.

#### 1. NAME (List only household members with income)

#### 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

| (Example) Jane Smith | Earnings from work before deductions. | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Pensions, retirement, Social Security, SSI, VA benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly | All Other Income (indicate frequency, such as “weekly” “every 2 weeks”, “monthly”) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $200 | | | | | | | | | | | | | | | |
| $ | | | | | | | | | | | | | | | |
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| $ | | | | | | | | | | | | | | | |

### PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

*I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.*

**Sign here:** ____________________________  **Print name:** ____________________________  **Date:** ____________________________

**Address:** ____________________________  **City:** ____________________________  **State:** _______  **Zip Code:** _______

**Phone Number:** ____________________________  **Cell Phone Number:** ____________________________
CHECKLIST

☐ Have you included all your children as household members?

☐ For each household member receiving income, is the frequency checkbox checked?

☐ Have you signed the application?

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DO NOT FILL OUT THIS PART. 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

Total Income: __________ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year  Household size: ________

Categorical Eligibility: ___  Date Withdrawn: ________  SES Code: Free___  Reduced___  Paid___

Reason: ________________________________________________________________________________

FRAM Coordinator: ____________________________________________ Date: ______________

Secondary Signature: ____________________________________________ Date: ______________