



Don't forget to fill out a Free/Reduced Meal Application

If you qualify for free lunch you also qualify for free breakfast.

Make Payments to your student's meal account online! Go to the fhUSD.org district webpage under programs pick food service and pay on lunch account or you can pay by cash or check at each school. Please Make Checks payable to FHUSD and put your student's name on it.

You can add money to your student's meal account using a credit or debit card ONLY on line. Cash and checks at the schools. Low balance alerts will start after a student's balance reaches \$5.00 or less.

Elementary Breakfast Reduced \$.30 Paid \$1 .60

Elementary Lunch Reduced \$.40 Paid \$2.75

4 Peaks and Middle School Breakfast Reduced \$.30 Paid \$1 .60

4 Peaks and Middle School Lunch Reduced \$.40 Paid \$2.90

High School Lunch Reduced \$.40 Paid \$3.00

Milk \$.50 Adult Breakfast \$1.75 Adult Lunch \$3.25

INSTRUCTIONS FOR APPLYING

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 **Fountain Hills Unified School District**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Karen Popowicz, 480-664-5061, kpopowicz@fhusd.org**.

Please remember to **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school in **Fountain Hills**, mark the box next to the district name.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under either foster or homeless, migrant, runaway.

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Yes- Mark the box or boxes that represent the program someone in your household receives assistance through. Then, list the case number in the large box labeled Case Number and **go to step 4**.

No- Leave this section blank and proceed to step 3.

STEP 3-HOUSEHOLD INCOME INFORMATION

- A. **Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" shown below and report the combined gross income for all children listed in step 1 in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

- a. Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Sources of Child Income	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> Disability payments Survivor 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 persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

- B. **Adult Household Members and Income-** 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 STEP1.

Report gross income (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Adult Income		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Salary, wages, cash bonuses	Unemployment benefits	Social Security (including railroad retirement and black lung benefits)
Net income from self-employment	Workers Compensation	Private Pensions or disability
Strike benefits	Supplemental Security Income (SSI)	Income from trusts or estates
For military families: Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	Cash Assistance from state or local government	Annuities and Investment Income
	Alimony payments	Earned Interest
	Child support payments	Rental Income
Allowances for off-base housing, food and clothing	Veteran's benefits	Regular cash payments from outside household

- C. **Total number of household members and SSN.** List the total number of people in your household (all adults and children), and the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits event if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4: Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Provide your contact information including your address 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 providing it helps us reach you quickly if we need to contact you.

Sign and print your name, and write in the date.

OPTIONAL INFORMATION

The back of this application provides a section for 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.

The back also provides a place for you to give or deny permission for the school to share your information with other programs that may also be able to provide you with resources for your children. Read this information and check Yes for each program you give the school permission to share your information with. Check the box next to NO if you do not want the school to share your contact information with these other programs.

Include a parent or guardian signature and date at the bottom of the page.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.