

Howells-Dodge Consolidated Schools

Howells Attendance Center:
418 May Street
P.O. Box 159
Howells, NE 68641-0159



Dodge Attendance Center:
209 Ash Street
Dodge, NE 68633

Phone: (402) 986-1621
Fax: (402) 986-1261

Mark Ernst, Superintendent/Elem. Principal
Jordan Brabec, 7-12 Principal/A.D.

Phone: (402) 693-2207
Fax: (402) 693-2209

Howells-Dodge Consolidated Schools is participating in the USDA's waiver which allows schools to operate the Seamless Summer Option (SSO) for School Year 2021-2022.

What this means for you:

Your student will receive meals at no cost for the entire 2021-2022 school year.

Please complete the enclosed income eligibility application. Although your student will be receiving meals at no cost, completion of the application is important for the following reasons:

- **P-EBT Benefits:** Households may be eligible for Pandemic-EBT benefits through the Nebraska Department of Health and Human Services. P-EBT benefits are based in part on eligibility for Free and Reduced-Price meals.
- **Fee Waivers and Health Insurance:** Student Free and Reduced-Price meal eligibility can be shared with other programs (with parental consent) for the purposes of fee waivers, scholarships, Medicaid and SCHIP.
- **School Benefits:** Your school receives State and local funding based on the number of students eligible for Free and Reduced-Price meals.

Important: Your student(s) will continue to receive meals at no cost for the 2021-22 school year regardless of the eligibility determination of your household's SY2021-22 application.

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July 15, 2021

Dear Parent/Guardian:

Children need healthy meals to learn. **Howells-Dodge Consolidated Schools** offers healthy meals every school day. Breakfast will cost \$1.55 and lunch will cost **\$2.60 (K-6) and \$2.90 (7-12) per day**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30 for breakfast, and \$0.40 for lunch**. If your children qualified for free or reduced price meals at the end of last school year, **you must submit a new application** by September 25th, **2021**, in order to avoid an interruption in meal benefits. Qualifying for free and reduced lunch prices does not extend to Ala Carte or extra entrée. Those items are charged at regular price.

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 meals?

- * All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to 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.

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 your household meet these descriptions and haven't been told your children will get free meals, please call Connie Dostal at 402-986-1621, extension 210.

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: Howells-Dodge Consolidated Schools, P.O. Box 159, Howells, NE 68641.

4. Should I fill out an application if I received a letter this school year saying my children are 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 Connie Dostal at 402-986-1621 immediately.

5. Can I apply online? No, we do not offer that option at Howells-Dodge Consolidated.

Instructions for Completing the Free & Reduced Price School Meals Family Application

For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1:** List each child's name, the school they attend and their grade.
Part 2: Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Complete this part. An adult must sign the form.
Part 5: This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

If some of the children in the household are foster children or are homeless, migrant or runaway children:

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.
Part 2: If the household does not have a Master Case Number, skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1 – Household Members: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
Column 2 - Gross Income and How Often it was Received: Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

Earnings from Work includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

Public Assistance/Child Support/Alimony includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

Pensions/Retirement/All Other Income includes the following:

- Social Security payments (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 and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

Return Completed Application to: **(Howells-Dodge Consolidated Schools)**

Part 1: Children in School

List names of all children in school (First, Middle Initial, Last).
If all children listed are foster, skip to Part 4 to sign the form.
If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.

Grade

Name of School Child Attends

Check all that apply:
Foster Child Homeless, Migrant, Runaway

			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Assistance Programs – SNAP, TANF or FDIPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDIPIR:
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: Total Household Gross Income – You must tell us how much and how often.

1. Household Members

List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal use** income must be listed.

2. Gross Income (before taxes) and How Often it was Received

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

Pensions, Retirement and All Other Income

Income

How often

Income

How often

Income

How often

	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Total Number of Household Members: (Children and Adults) _____

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____

Check if no SSN

Part 4: Adult Signature and Contact Information – An adult household member must sign the application.

"I 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."

Sign here:

Print name:

Date:

Street Address (if available):

Zip:

Daytime Phone:

Part 5: Children's Ethnic and Racial Identities – Optional

Check one Ethnic Identity:

– and –

Check one or more Racial Identities:

Hispanic or Latino

Asian

Black or African American

Native Hawaiian or other Pacific Islander

Not Hispanic or Latino

White

American Indian or Alaskan Native

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion:

Weekly X 52;

Every 2 weeks X 26;

Twice a month X 24;

Monthly X 12

Total Household Size: _____

Total Income: _____ per

Year Month 2 X Mo Every 2 Wks Week

Free

Reduced

Denied

Income

Reason for denial:

Categorically eligible:

Income too high

SNAP/TANF/FDIPIR

Incomplete application

Foster Child

Homeless/Migrant/Runaway;

(Official Documentation Required at School)

Signature of Determining Official:

Date Approved:

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official:

Date Confirmed:

Date Withdrawn From School:

Signature of Verifying Official:

Date Verified:

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2020 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

Zero income resulting from use of the 1040 Form does not require follow-up.

Important Reminders from the U.S. Individual Income Tax Return Form 1040:

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 9 (Total Income) and line 11 (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

From the first page of the U.S. Individual Income Tax Return Form 1040:

Line 7 Capital Gain or (loss) _____

From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:

Line 3 Business Income or (loss) _____

Line 4 Other Gains or (losses) _____

Line 5 Rental Real Estate, etc. _____

Line 6 Farm Income or (loss) _____

Total of the above five lines: _____ **equals annual self-employed income ***

* Report this figure on the meal application in the column labeled "All Other Income".

If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.

NOTE: This form is used only to report income from self-employment and/or farming. If any members of the household have income from other jobs, the gross income from those jobs must be reported on the meal application form.