



INDIAN RIVER SCHOOL DISTRICT

Nutrition Services Department

31 Hosier Street, Selbyville, DE 19975

(302) 436-1000

Dear Parent or Guardian:

Children need healthy meals to learn. The Indian River School District offers a variety of healthy meals every school day and will be participating in the Seamless Summer Option for the 2021-2022 school year and all students will receive breakfast and lunch at no charge. A la carte items may be available for an additional charge. This packet includes an application for free and reduced meal benefits, and a set of detailed instructions. Though all students will receive breakfast and lunch at no charge, guardians are urged to complete the attached meal benefit form since it may qualify your household for additional benefits. Below are some common questions and answers to help you with the application process.

If a child has a food allergy as determined by a doctor and the allergy prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please note however that the school is not required to make a substitution for a food allergy unless it is documented by a medical professional. Please call the school for further information.

1. **Do I need to fill out a meal benefit form (MBF) for each child?** No. Use one Family Meal Benefit Form to apply for free or reduced price meals for all students in your household. We cannot approve a MBF that is not complete, so be sure to fill out all required information. **Return the completed MBF to the school cafeteria manager or to Clifton Toomey, Jr. at 31 Hosier Street, Selbyville, DE 19975.**
2. **Who can get free or reduced price meals?** The family must complete a Meal Benefit Form to apply.
 - All children in households receiving benefits from DE-SNAP or DE-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 who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children may receive free or reduced price meals if your household 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.

FEDERAL INCOME CHART for School Year 2021-2022

Household Size	Annual (Yearly)	Month	Twice per Month	Every two weeks	Week
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional household member, add:	\$8,399	\$700	\$350	\$324	\$162

3. **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 in your household meet these descriptions and haven't been told your children will get free meals, please call or email the school's homeless liaison or migrant coordinator or contact the district coordinator at (302) 436-1000 to see if they qualify.
4. **Should I fill out a MBF if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter carefully that you received and follow the instructions. If any children in your household were missing from your eligibility notification, contact 436-1000 ext. 101161 immediately.
5. **My child's MBF was approved last year. Do I need to fill out another one?** Yes, your child's MBF was only good for last school year and for the first few days of this school year. You must send in a new MBF unless you received notification that your child is eligible for the new school year.
6. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC *may* be eligible for free or reduced price meals. Please fill out a Meal Benefit Form (MBF).
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. **What if I disagree with the school's decision about my MBF?** You should talk to the nutrition services supervisor. You may also ask for a hearing by calling (302) 436-1000 or writing to Dr. Jay Owens, Superintendent, Indian River School District, 31 Hosier Street, Selbyville, DE 19975.
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your child(ren) or other household members do not have to be a U.S. citizen to apply for free or reduced price meals.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you make \$1,000 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.
12. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper, and attach it to your application. Contact Cliff Toomey at (302) 436-1000 ext. 101161 to receive a second application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for DE-SNAP or other assistance benefits, contact your local assistance office (Georgetown State Service Center or Pyle State Service Center) or call the state SNAP hotline number at 1-800-372-2022.

If you have other questions or need help, call 436-1000 ext. 101161.

Si necesita ayuda, por favor llame al teléfono: 436-1000 ext. 101161.

Si vous voudriez d'aide, contactez nous au numéro: 436-1000 ext. 101161.

Sincerely,

Clifton F. Toomey, Jr., Supervisor of Nutrition Services

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the 2021 - 2022 Meal Benefit Form (MBF) 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 the Indian River School District. A household member is any child or adult living with you. The application must be filled out completely to certify your children for free or reduced price school meals. Incomplete Meal Benefit Forms cannot be approved for benefits.

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 Cliff Toomey at (302) 436-1000, ext. 101161 or clifton.toomey@irsd.k12.de.us. Please use a pen, not a pencil, when filling out the application and do your best to print clearly. Sign the meal benefit form and return the form to the school or mail it directly to the address listed above.

◆ If your household receives benefits from DE-SNAP or DE-TANF and you received a letter before the first week of school stating your children have been approved for Direct Certification of eligibility for free meals and every student is listed in the letter, then no further action is needed. However, if a child's name is not listed in the letter, then you must contact the Nutrition Services office at 436-1000 to request benefits or that child will be charged for meals.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE STUDENTS (up to & including grade 12)

- Part 1**
- A)** Print the name(s) of all children you are applying for with oldest student first. Print their last name, first name and middle initial. List children age 18 or under who are supported with the household's income. If there are more children than five, print their names on the back with a notation or attach another piece of paper.
 - B)** List the school name and grade for each child including children in kindergarten or preschool.
 - C)** 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 finishing step 1, go to Step 6. 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.
 - D)** Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the box for "Homeless, Migrant, Runaway" next to the child's name and complete all steps of this application.
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN DE-SNAP OR DE-TANF? If Yes, read Part 2. If No, skip to Step 3.

- Part 2**
- If anyone in your household currently participates in one or more of the assistance programs listed, your children are eligible for free school meals: Supplemental Nutrition Assistance Program (SNAP) or DE-SNAP or Temporary Assistance for Needy Families (TANF) or DE-TANF. List the current DE-SNAP or DE-TANF case number for any household member (including adults) receiving benefits. We need the **SNAP or TANF Case number**, not the EBT number on your ID card. The case number is listed on your notification letter or recertification letter. You can also contact your worker to get the number or call 1-800-372-2022.
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STEP 3: REPORT INCOME FOR EACH HOUSEHOLD MEMBER. (Part 5) How do I report income?

- A) LIST EACH HOUSEHOLD MEMBER AND 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*.
 - **List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any students you listed in Part 1. **List all younger children including infants.** If a child listed in Part 1 has income, follow the instructions in Part 5A.
 - **Do not include:** a) people who live with you but are not supported by your household's income **and** do not contribute income to your household b) students already listed in Part 1.
- B) How do I fill in the income amount and source? FOR EACH TYPE OF INCOME:**
- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children" printed on next page 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 or deductions.**
 - 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 amounts taken from your pay.
 - Write a "0" in any fields where there is no income to report. Any income field left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
 - Mark how often each type of income is received using the check boxes to the right of each field. (weekly, bi-weekly, twice a month or monthly)
- C) Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions and 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.
- D) 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 cash value of any public assistance benefits not listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "Other" income in the next part.
- E) Report income from pensions/retirement/ all other income.** Report all income that applies in the "Pensions/Retirement/Other Income" field on the application.
- F) Report total household size. (Part 5F)** Enter the total number of household members in the field "Total Household Members (Children & Adults)". This number **MUST** equal to the number of household members listed in Part 1 and Part 5. 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.

- G) 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 below labeled "Check if no Social Security Number."

Part 5A Report all income earned or received by children. Report the combined gross income for ALL children listed in Parts 1 and 5 in your household on line 5A for "Child Income". Only count foster children's income if you are applying for them together with the rest of your household. **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.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE (Part 6)

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 use of information and civil rights statements at the bottom of this page.

Provide your contact information. Print 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.

Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult".

Write today's date. In the space provided, write today's date on the line. Send the Completed Meal Benefit Form to the school or mail directly to IRSN Nutrition Services Dept., 31 Hosier Street, Selbyville, DE 19975.

Share children's racial and ethnic identities (optional). In this section, 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.

Part 7 DE-CHILD HEALTH CARE PROGRAM – Free and reduced eligibility will be shared with Delaware Health and Social Services unless parent/guardian checks "NO" to this section.

Part 8 INFORMATION SHARING – Indian River School District High School Officials will share information for scholarship purposes if the parent/guardian checks this box.

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"> ○ Disability Payments ○ Survivor's Benefits 	<ul style="list-style-type: none"> ● A child is blind or disabled and receives Social Security benefits. ● A parent is disabled, retired, or deceased, and his/her child receives social security benefits.
● Income from persons outside the household	● A friend or extended family member regularly 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		
<p>Earnings from Work</p> <ul style="list-style-type: none"> Salary, wages, cash bonuses Net Income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food or clothing 	<p>Public Assistance, Child Support, Alimony</p> <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	<p>Pensions, Retirement, All Other Income</p> <ul style="list-style-type: none"> 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 Regular cash payments from outside household

Use of Information Statement: 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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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.

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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, (AD-3027) found online at: How to File a Complaint, 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.

This institution is an equal opportunity provider.

INDIAN RIVER SCHOOL DISTRICT
31 Hosier Street, Selbyville, DE 19975
2021 - 2022 FAMILY MEAL BENEFIT FORM

OFFICE USE ONLY:

Family # _____

Initials _____

PART 1 - STUDENT INFORMATION: Print full names of ALL STUDENTS in your household on one form who attend school in the Indian River School District with oldest student first. Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Last Name	First Name, Middle Initial	*Check if Foster Child	Homeless Migrant Runaway	School Name	Grade
		<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 - BENEFITS: If you or any member of your household receives DE-SNAP or DE-TANF cash, provide the name and case number for the person who receives benefits and circle the case type. SKIP TO PART 6. If no one receives these benefits, skip to Part 3.

Name _____ DE-SNAP or TANF CASE # _____ (Do Not Use EBT Card #)

PART 3 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box above and call your school or call the district homeless liaison or migrant coordinator at 436-1000.

PART 4 - *FOSTER CHILD: If this meal benefit form is for a child who is the legal responsibility of DSCYF agency or a ward of the court or state agency, check box by student name above. Skip to Part 6 if ALL children listed above are foster children.

PART 5 - TOTAL HOUSEHOLD GROSS INCOME: List all household members not listed in Part 1 and specify the *gross* income for each person. Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." You must tell us how much and how often it was received. Complete circle to indicate [Weekly, Every Two Weeks, Twice a Month, or Monthly]. If they do not receive income from any source, select No Income box.

B) NAMES OF ALL HOUSEHOLD MEMBERS List everyone in household including younger children – please print.	C) Earnings from Work before deductions <i>Indicate amount & how often</i>					D) Public Assistance, Child Support, Alimony <i>Indicate amount & how often</i>					E) Pension, Retirement, SSI, All Other Income <i>Indicate amount & how often</i>					Check if No Income
	Amount	Week	Bi-Weekly	2 X Month	Month	Amount	Week	Bi-Weekly	2 X Month	Month	Amount	Week	Bi-Weekly	2 X Month	Month	
Last Name, First Name (Smith, John)															<input type="checkbox"/>	
1.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
4.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
6.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7.	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Part 5A - If children in household earn income, list the Total income earned by children listed in Part 1. If no income, check box for NO income. \$ _____

PART 6 - SIGNATURE and last four digits of SOCIAL SECURITY NUMBER- an adult household member must sign the form. If Part 5 is completed, the adult signing the form must list the last 4 digits of his or her Social Security number or mark the box "Check if no Social Security Number". (See Use of Information Statement on back page of Instructions.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get 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 children may lose meal benefits and I may be prosecuted.

Part 5F - Total Household Size including children _____

Signature of Adult: _____ **Adult's Social Security Number** (last 4 digits) XXX-XX-_____
 Check if no Social Security number

PRINT Adult's Name: _____

Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____

Home Mailing Address: _____ **Date:** _____
 Number, Street, Apt. # City, State ZIP

Part 7 - NO! I DO NOT want information from my Free and Reduced Price Meal Benefit Form shared with Medicaid or the DE State Children's Health Insurance Program (CHIP). For more information about DECHIP, call 1-800-996-9969. **IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.**

Part 8 - YES! I WANT information from this application for school meal benefits shared with Indian River School District High School Officials for scholarship purposes.

Part 9 - Children's Ethnic and Racial Identities (optional) – Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Don't fill out this section. This is for district office use only. Annual Income Conversion: Weekly x 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Annual Household Income: \$ _____ Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature _____ Date: _____

Confirming Official's Signature/Date: _____ Verifying Official's Signature/Date: _____