

# Missoula County Public Schools

215 S. Sixth West  
Missoula, Montana 59801

Children need healthy food to learn and MCPS offers a balanced breakfast and lunch every school day. All students will automatically have an account set up in their name at the school they attend. You may make deposits to that account which is accessible using their account number, name, or ID card in high schools. Qualification for meal benefits will also be placed on your child's account and are accessible using the same methods. There are no tickets or cards necessary.

	<b>Reduced Priced Breakfast</b>	<b>Full Pay Breakfast</b>	<b>Reduced Price Lunch</b>	<b>Full Pay Lunch</b>
Elementary School	\$ .30	<b>\$1.25</b>	\$ .40	<b>\$1.90</b>
Middle School	\$ .30	<b>\$1.35</b>	\$ .40	<b>\$2.00</b>
High School	\$ .30	<b>\$1.35</b>	\$ .40	<b>\$2.00</b>

To apply for meal benefits, use the attached Free and Reduced-Price School Meals Application. We cannot approve an application that is not complete, so be sure to fill out *all* required information. *You may return the completed application prior to the beginning of school by mailing it to Trish Kirschten at the address listed above, or you may drop off the application at your child's school. (1 application per household)*

### *Frequently Asked Questions:*

- 1. Do I have to apply at the beginning of the school year if my child was eligible at the end the previous year?**  
YES! Due to federal regulations, YOU MUST APPLY every school year in order to remain eligible.
- 2. Who can get meal benefits?** Children in households getting Food Stamps (SNAP), TANF, or FDPIR and most foster children are eligible for free meals regardless of household income. Also, if your household income is within the limits on the Federal Income Chart (see backside of application) your children can get meal benefits.
- 3. Should I fill out an application if I got a letter from the state saying my children are approved for meal benefits?** Yes! MCPS DOES NOT receive notification of eligibility from the state. You may either fill out an application or give a copy of the state letter to your child's school, but the school *must* have something (application or letter from the state) for your child to be eligible for meal benefits.
- 4. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 5. Why do you require my social security number on the application?** The application is a Federal form and is only used if your application is selected for verification. All your information is completely confidential and is not available to any officials other than those who approve your benefits.
- 6. If I don't qualify now, may I apply again later?** YES! You may apply or re-apply *at any time* during the school year if your household size goes up, income goes down, or if you start receiving Food Stamps (SNAP), TANF, or FDPIR.
- 7. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or Writing to: Valerie Addis, 915 South Ave West, Missoula MT 59801, 728-2400 ext 3051.

If you have other questions or need help, please feel free to call me at 728-2400 ext 1041.

Sincerely,

Trish Kirschten  
Determining Official/Title I Secretary

## Instructions for Meal Benefits Application

- Every family with students enrolled in Missoula County Public Schools will receive an application for meal benefits by mail prior to school starting in August. **You will need to fill out a new application even if your student received meal benefits last year. A new application is required each school year.**
- If you have more than one student enrolled in school, you may list all students in Part 1 of one application (see example below). If your household receives food stamps, you need only to give the name of the students and the food stamp case number to be automatically approved for meal benefits.
- Part 4 asks for the names of **all** members of the household and their earnings from the previous month. Please provide the earnings and indicate how often it is received. Weekly, bi weekly, monthly, etc. (see example below)
- Part 5 requires the signature of an adult household member and their social security number. The application *cannot* be processed without both of these items. Your social security number will not be used by the district, but is required by USDA.
- Please complete and return the application to the address below as soon as possible. Applications will be processed prior to school opening and you will receive notification of your eligibility.
- Providing this information now will help us better serve your children as the new school year opens.

**Return completed Applications to:**

Missoula County Public Schools  
 Attention: Trish Kirschten  
 215 South Sixth West  
 Missoula, MT 59801

**For additional information please call:**

Valerie Addis, Director of Food Services 728-2400 X 3051  
 Trish Kirschten, Title I Secretary 728-2400 X 1041

### APPLICATION EXAMPLES:

This example is based a multi-blended family (one child from a previous marriage of the mother's, two children from the same mother and a deceased father, one child from the step dad and one child from the new marriage between mom and step dad). Four of the children are in school, one child is not school aged yet.

**Part 1: Children in School**

Names of all children in school (first, middle initial, last)	School Name	Grade	SNAP, TANF or FDPIR Case Number. Skip to Part 5 if you list a case number.
Jane L. Smith	Franklin	2	
John A. Doe	Franklin	5	
Sam B. Doe	CS Porter	8	
Sally M. Jones	Hellgate	11	

**Part 4: Total Household Gross Income – You must tell us how much and how often**

1. Name of every person in the household	2. Gross income for every person in the household and how often it is received: monthly, twice a month (semi monthly), every two weeks (bi-weekly), or weekly				3. Check if no income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
Mom Doe	\$250 semi-monthly	\$178 month - child support		\$750 qrtly - scholarship funds for college	
Step Dad Smith	\$500 weekly				
Jane Smith					✓
John Doe			\$100 monthly		
Sam Doe			\$100 monthly		
Sally Jones					✓
Baby Smith					✓

**FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION 2010-11**

**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP, TANF or FDPIR Case Number. Skip to Part 5 if you list a case number.

**Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box**

Homeless  Migrant  Runaway

**Part 3. Foster Child/Institutionalized Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income – You must tell us how much and how often**

1. Names of every person in the household	2. Gross income for every person in the household and how often it was received: monthly, twice a month, every two weeks, or weekly.				3. Check if No Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	

**Part 5. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number. (See Privacy Act Statement on the back of this page.)

*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.*

Printed Name of Adult \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part 6. Children's ethnic and racial identities (Optional)**

Choose one Ethnicity	Choose one or more (regardless of ethnicity)
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Black or African American

**Do not write below this line. This is for school use only.**

Annual Income Conversion: Monthly X 12, Twice a Month X 24, Every 2 Weeks X 26, Weekly X 52.

Determination based on (check one):  Income Household: Total Income \_\_\_\_\_ per \_\_\_\_\_ Household Size \_\_\_\_\_

SNAP/TANF/FDPIR Household (Categorically Eligible)

Migrant, Homeless, or Runaway Child (Categorically Eligible)

Check the box that applies: **Approved for:**  Free  Reduced-Price

**Temporary approval for:**  Free  Reduced-Price **Temporary approval until:** \_\_\_\_\_

**Denied for:**  Income Over  Incomplete/Missing Information

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

FEDERAL INCOME CHART			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

**Privacy Act Statement: This explains how we will use the information you give us.**

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, we cannot approve your child for free or reduced price meals. You must include the social security number of the 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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

**Free or low-cost health insurance for children and teenagers.**

Your children may qualify for health coverage under the Healthy Montana Kids (HMK) Plan. Children and teenagers who get regular checkups (and treatment for health problems) do better in school and are more likely to become healthy adults. For more information, call 1-877-KidsNow (1-877-543-7669) or visit us on-line at [www.hmk.mt.gov](http://www.hmk.mt.gov).

