FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Mount Vernon School District 17-3** offers healthy meals every school day. Breakfast costs $2.30; lunch costs K-5 $3.20; 6-8 $3.50; 9-12 $3.50 **your children may qualify for free meals or for reduced-price meals.** Reduced-price is [$.30] for breakfast, [$.40] for lunch. 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 OR REDUCED-PRICE MEALS?
   - All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations (FDPIR), or 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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2025-2026			
Household size	Yearly	Monthly	Weekly
1	$28,953	$2,413	$557
2	$39,128	$3,261	$753
3	$49,303	$4,109	$949
4	$59,478	$4,957	$1,144
5	$69,653	$5,805	$1,340
6	$79,828	$6,653	$1,536
7	$90,003	$7,501	$1,731
8	$100,178	$8,349	$1,927
Each additional person:	$10,175	$848	$196

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 in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Sue Stahl**.

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: **Sue Stahl, 500 North Main, Mount Vernon, SD 57363, 605-236-5237. sue.stahl@k12.sd.us.**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY 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 **Sue Stahl, 500 North Main, Mount Vernon, SD 57363, 605-236-5237.** sue.stahl@k12.sd.us right away so those children get benefits, too.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **YES.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

authority. These requests will be handled on a case-by-case basis. Please call the school/center food service department for further information to request special meals or milk.

If you have other questions or need help, call **605-236-5237**.

Sincerely,

Sue Stahl

2025-2026 Application for Free and Reduced-Price School Meals or Free Milk

Complete one application per household. Please use a pen (not a pencil).

☐ New Applicant ☐ Previous Applicant

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member.** "Anyone who is living with you & shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant,** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Name	Age	Write name of child's school, or "not in school"	If a student, write in the grade	Foster Child	Homeless, Migrant, Runaway
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Check all that apply

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDPIR case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: ____________

Write only one case number in this space.

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/ Retirement/Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly	Annually
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	$	○	○	○	○						

Total Household Members (Children and Adults) ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____ Check if no SSN ☐

STEP 4 : Contact information and adult signature.

"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."

Street Address (if available) ____ Apt# ____ City ____ State ____ Zip ____ Daytime Phone and Email (optional) ____

Printed name of adult completing the form ____ Signature of adult completing the form (Required) ____ Today's Date ____