

## 2023-2024 Application for Free and Reduced Meals Instructions:

Please complete an Application – **EVEN IF YOU THINK YOUR HOUSEHOLD WILL NOT QUALIFY.**

Only submit One application per Household – Even if your children attend more than one Prairie View School

### Step 1:

List **ALL** household members who are

- Infant, Children and Students up to and including Grade 12
- Under 18 **AND** are supported with the household's income,
- Or In your care as a Foster arrangement, or are Homeless, Migrant or Runaway youth

This is determined by Department of Children and Family Services (DCF) and you should already have a Case Number

List each child's name, which school they attend, mark if they are a student. Select Foster, Homeless, Migrant or Runaway (only if it Applies to this child)

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Alice	<input type="checkbox"/>	Doe	PVMS	7	<input checked="" 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"/>				<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"/>				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Step 2:

- If **ANY** household member, including yourself, participate in **Food Assistance (FA), Temporary Assistance for Families (TAF) or Food Distribution Program on Indian Reservation (FDPIR)**, write only **One** Case Number in the box.

(Again, this determination comes from DCF and you should have an **8-digit** Case Number. If you have more than one Case Number, only **One** needs to be on the application. Valid case numbers begin with a 0, 1 or 2)

Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, TAF, or FDPIR?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: 02345678

Write only one case number in this space.

If the above **does not** apply, then go to **Step 3**

### Step 3:

#### Part A:

- If your child/children receive income **directly** to the child/children than place this total and frequency here:

#### A. Child Income

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

Child income	Weekly	Bi-Weekly	2x Month	Monthly
\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Note: The above does not often apply to many households)

**Part B:**

- List all **Adult** household names, **Gross** income received, and frequency. Include Public Assistance, Child Support, Pension, Retirement or any Other income and frequency if applicable. Further explanation of applicable income is on page 2 of the application form.

**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 (no cents) 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?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
John Doe	\$ 1 5 0 0	<input type="radio"/>	<input checked="" 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"/>
Jane Doe	\$	<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="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"/>

- List the Total of All household members (Child, Parents/Guardians, and any others that Reside in your household. Include your last four digits of your SS#.

Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member         Check if no SSN ☐

**Step 4:**

- List your address, phone number, print your name, sign, and current date.

1234 Buffalo Ln	LaCygne	KS	66040	913-123-4567
Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
John Doe	Signature of adult <i>John Doe</i>			7/01/2023
Printed name of adult signing the form	Signature of adult			Today's date

**You're Done! Thank you!**

(Additional instructions are provided on Page 2 of the application if needed)

**Some important things to note:**

- If you have a child in your household that qualifies for State Direct Certification for Free or Reduced Meals (indicated by having a Case Number in Step 2), then **ALL** children residing in your household qualify as well for that current school year.
- Please consider completing this application, even if you think or know you will not qualify.

Food Service is an important part of the education process. Prairie View USD 362 is committed to comply with all State standards and ensure our students are provided with the best possible Food Service programs.

**Submit your completed application to your School Secretary or send to the District Office:**

Todd Wollard  
Food Service Coordinator  
Prairie View District Office  
13799 KS Hwy 152  
LaCygne, KS 66040  
(913) 757-2677 x7527  
twollard@pv362.org