



Welcome Packet

Thank you for your interest in LSS After-School Program! If you have any questions about the following application packet please contact us. We would be happy to answer any questions you have or give you a tour of the facility. Please contact us by phone at 605-371-8770 or by email at Learning@LssSD.org.

Fill out and sign all of the forms in this packet. It is especially important that you include:

- 3 people that are authorized to pick up your child
- 3 emergency contacts
- doctor and hospital information
- a copy of your child's immunization records

Please attach a \$15 registration fee with the completed application and information above.

Check the program(s) in which you would like to enroll your child(ren):

- Hilltop After-School Program
- Hilltop Summer Program
- Southern Hills After-School Program
- Southern Hills Summer Program

Desired Date of Admission: _____

To be completed by staff.

Classroom: _____



Contact Information

Children

Full Name: _____ Gender: male female
School: _____ Date of Birth: _____
Teacher: _____ Grade: _____
Days in Care, check all that apply: Monday Tuesday Wednesday Thursday Friday
Hours in Care: _____ p.m. to _____ p.m.

Full Name: _____ Gender: male female
School: _____ Date of Birth: _____
Teacher: _____ Grade: _____
Days in Care, check all that apply: Monday Tuesday Wednesday Thursday Friday
Hours in Care: _____ p.m. to _____ p.m.

Full Name: _____ Gender: male female
School: _____ Date of Birth: _____
Teacher: _____ Grade: _____
Days in Care, check all that apply: Monday Tuesday Wednesday Thursday Friday
Hours in Care: _____ p.m. to _____ p.m.

Legal guardian(s)

Name: _____ Home phone: _____
Home address: _____ Cell phone: _____
City, State, Zip: _____ Work phone: _____
Employer: _____ E-mail address: _____

Name: _____ Home phone: _____
Home address: _____ Cell phone: _____
City, State, Zip: _____ Work phone: _____
Employer: _____ E-mail address: _____

Person(s) responsible for payment: _____

Allergies

Medications: _____
Foods: _____
Other: _____

Special Needs

To be completed by staff.

Wait list date: _____ Application date: _____ Actual admission date: _____



Authorized Child Pick-up & Emergency Contacts

Provide contacts below for a minimum of THREE emergency contacts as well as anyone you authorize to pick up your child. Indicate whether each individual is allowed to pick up your child and/or whether they should be contacted in the event of an emergency in which we cannot reach parents.

1. Full Name: _____ Relation: _____
Home Phone: _____ Emergency Contact: yes no
Work/Cell Phone: _____ Authorized Pickup: yes no
2. Full Name: _____ Relation: _____
Home Phone: _____ Emergency Contact: yes no
Work/Cell Phone: _____ Authorized Pickup: yes no
3. Full Name: _____ Relation: _____
Home Phone: _____ Emergency Contact: yes no
Work/Cell Phone: _____ Authorized Pickup: yes no
4. Full Name: _____ Relation: _____
Home Phone: _____ Emergency Contact: yes no
Work/Cell Phone: _____ Authorized Pickup: yes no

Attach additional names on a separate page if necessary.

Doctor's Name: _____ Phone: _____
Clinic: _____
Address: _____
Hospital: _____ Phone: _____

Consult the Family Handbook for the policy on medications. Notify the staff if your child is ill with a communicable disease. In case of emergency, I hereby give my permission for LSS Childcare & Education Services to contact my physician, clinic or hospital to transport my child when necessary, and do hereby authorize treatment in the event that I cannot be contacted after a reasonable effort has been made. I also assume financial responsibility for all costs incurred.

Legal Guardian

Signature: _____
Name: _____
Date: _____

Legal Guardian

Signature: _____
Name: _____
Date: _____



Authorization & Agreement

Read the following and sign at the bottom.

1. I will keep Emergency Contacts, Authorized Pick-up, Immunization and Application information current.
2. I agree to follow all contract procedures and policies.
3. All payments are due on the Thursday prior to the week of service. I agree to pay at that time, if I fail to do so, I will pay a late charge of \$5.00 a week.
4. I will pick my child(ren) up by 6pm. If I am unable to do so, I will provide alternative arrangements for picking up my child. I will notify the Lutheran Social Services staff before this person arrives. If I have signed my child up for a class ending before 6pm, I will pick my child up before the arranged time.
5. I will contact Lutheran Social Services Childcare and Education Services by 2pm during the school year if my child will not be attending that day. If I fail to do so, staff will search for my child, contact me, and assess me a fee of \$5.00.
6. I give permission for the staff to have my child treated by medical personnel after reasonable attempts to contact me have been made.
7. I understand that Lutheran Social Services Childcare and Education Services reserve the right to remove my child(ren) from the program due to age restrictions, parental failure to fulfill contractual agreements and when the program is unable to meet the needs of the child and parent.
8. I will notify Lutheran Social Services Childcare and Education Services at least two weeks in advance before my child is withdrawn from the program.
9. I hereby give permission for my child to be recorded by the media during general activities of the program.
10. I hereby voluntarily grant to Lutheran Social Services permission to display photographs of my child in the classrooms and hallways. These photos may appear in a slide show or photo board to promote the program.
11. I hereby give permission for my child to ride in the Lutheran Social Services van/cars to and from field trips as well as a bus contracted through School Bus Inc.
12. I verify that I have received a copy of the Lutheran Social Services privacy practices due to my child's enrollment in Lutheran Social Services Childcare and Education Services.

Legal Guardian

Signature: _____

Name: _____ Date: _____

Legal Guardian

Signature: _____

Name: _____ Date: _____

Director/Program Coordinator

Signature: _____

Name: _____ Date: _____



Demographics

Family Size: _____

Desired Date of Admission: _____

Family Income Level

- | | |
|--|---|
| <input type="checkbox"/> 0 – 4,999 | <input type="checkbox"/> 35,000 – 39,999 |
| <input type="checkbox"/> 5,000 – 9,999 | <input type="checkbox"/> 40,000 – 44,999 |
| <input type="checkbox"/> 10,000 – 14,999 | <input type="checkbox"/> 45,000 – 49,999 |
| <input type="checkbox"/> 15,000 – 19,999 | <input type="checkbox"/> 50,000 – 54,999 |
| <input type="checkbox"/> 20,000 – 24,999 | <input type="checkbox"/> 55,000 – 59,999 |
| <input type="checkbox"/> 25,000 – 29,999 | <input type="checkbox"/> More than 60,000 |
| <input type="checkbox"/> 30,000 – 34,999 | |

Religion

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> None |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Other _____ |

Race

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |

Ethnicity

- Latino or Hispanic
 Not Latino or Hispanic

Marital Status

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | |

How did you learn about our program(s)? Check as many as apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Church/Clergy | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Newspaper/Billboard | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prior Service | _____ |



Technology Student Contract & Rules

Rules for using the Internet and computers help everyone. By following the rules everyone can use the Internet to learn more about the world. Only students who follow these rules may use the Internet and other tools. Using the Internet is a responsibility and a privilege, not a right. Staff may view any student's computer use at any time in order to support the student's development as a responsible citizen.

There is content filtering software to block inappropriate websites. However, students are still responsible for thoughtful, considerate behavior on computers as they are for their general behavior in the program.

Do

- access educational material with teacher permission
- use polite language
- be kind to others
- protect computers, computer systems, or computer networks
- follow copyright laws
- use your own password with teacher permission
- use your own identity, work, mail, files, and folders with teacher permission
- protect limited resources (like paper and printer ink)
- keep personal information private
- ask a teacher if you'd like to print
- share any concerns about computer use by others with a teacher
- ask a teacher if you aren't sure about something.

Do Not

- send or display offensive messages or pictures
- use obscene or inappropriate language
- harass, insult, or attack others
- damage computers, computer systems, or computer networks
- break copyright laws
- use another user's password or attempt to decode another user's password
- misrepresent yourself
- hack
- trespass in and/or modify another user's folders, mail, work, or files
- waste limited resources (like paper and printer ink)
- give out personal information
- print without teacher permission

I agree to follow these rules and to use the Internet in a responsible way to further my education.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Authorization for Release of Information Media Release

There are times when Lutheran Social Services of South Dakota desires to share your protected information for educational, informational, and fund-raising purposes. Please complete this form that will serve as your authorization for the sharing of this information. NOTE: The individual with whom your information is being shared is NOT required to ensure the confidentiality of your protected information.

I, (*client name*) _____ authorize LSS of South Dakota to disclose to the general public the following protected information from my records. This includes:

- My name;
- Photographs of me;
- Video recordings of me;
- Audio recordings of me;
- Quotations from me;
- Artwork prepared by me;
- Information concerning services provided to me.

If there are any of the above-listed items you do not want disclosed, please cross out those items.

The purpose for such disclosure is to illustrate LSS and LSS programs and services in agency material including print, broadcast, video, audio, and internet.

I have been informed that I have the right to withhold my consent concerning release of confidential material relevant to me or to the person named above.

Signature of Client

Date

Signature of Parent, Guardian, Legal Representative or Person Authorizing Disclosure (If a Minor)

Date

Relationship to Client

Date

Program Director

Date

2023-2024 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)

<p>Definition of Household Member. "Anyone who is living with you & shares income and expenses, even if not related."</p> <p>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.</p>	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	<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: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? (NOT Medicaid)

Case Number:

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)

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

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?				Public Assistance/ Child Support/Alimony	How often?				Farming/ Pensions/ Retirement/ Other Income	How often?				
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$	<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"/>	<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"/>				

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 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

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			Today's date

INSTRUCTIONS: Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
• Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor's Benefits 	• A child is blind or disabled and receives Social Security benefits • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
• Income from person outside the household	• A friend or extended family member regularly gives a child spending money
• Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) If you are in the U.S. Military: <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 and clothing 	<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 • Strike benefits 	<ul style="list-style-type: none"> • Social Security (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 • Regular cash payments from outside household

OPTIONAL: Children's Racial and Ethnic

information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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

Civil Rights: Information if you have a complaint

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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.

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.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do Not Fill Out: FOR SCHOOL / CENTER USE ONLY

Do not convert if only one income frequency reported. Annual Income Conversion: Weekly x 52, Bi - Weekly x 26, Twice a Month x 24, Monthly x 12.

Total income:

How Often?

Household Size:

Categorical Free Eligibility: (Select 1)

Income Eligibility: (Select 1)

Weekly	Bi-Weekly	2xMonth	Monthly	Annual

Foster	Homeless	Runaway	Migrant	SNAP/TANF /FDPIR

Free	Reduced	Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Lutheran Social Services offers healthy meals every school day. Lunch at Southern Hills for school age children on non-school days costs **\$3.00**; **your children may qualify for Free meals or for Reduced-Price meals**. Reduced-Price is **\$.40** for lunch. We do not charge a fee for breakfasts or snacks so you will not be charged. 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 a Head Start program are eligible for free meals, with documentation from the Head Start office.
- 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 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person:	\$9,509	\$793	\$183

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 **Lutheran Social Services, Childcare and Education Services at 605-371-8770** or e-mail Learning@LssSD.org.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price Meal 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: **Lutheran Social Services, Childcare and Education Services, 3400 E 49th Street, Sioux Falls, SD 57103, 605-371-8770** or by e-mail to Learning@LssSD.org.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FROM THE SCHOOL 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 **Lutheran Social Services, Childcare and Education Services, 3400 E 49th Street, Sioux Falls, SD 57103, 605-371-8770** or by e-mail to Learning@LssSD.org right away so those children get benefits, too. If your child is enrolled at a childcare facility, contact the staff at the center to ask what to do.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. There are specific timeframes that schools and centers must follow regarding the collecting of new applications. You must send in a new application unless you have been told that your child is eligible for the new year.
6. I GET WIC OR MEDICAID. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for Free or Reduced-Price meals. Please send in an application.
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 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/CENTER'S DECISION ABOUT MY APPLICATION? You should talk to school/center officials by calling Michelle Madsen, 605-444-7801, Learning@LssSD.org. You also may ask for a hearing by calling or writing to: Rebecca Kiesow Knudsen, 705 E 41st Street, Sioux Falls, SD 57103; 605-444-7500.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens 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 \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 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. WHAT IF MY INCOME CHANGES DURING THE YEAR OR MY SNAP, TANF, OR FDPIR BENEFITS CHANGE? If your application for Free or Reduced-Price benefits was properly approved, you will remain eligible for those benefits for an allotted time period. You may visit with a school/center official to get the exact date the meal benefits will expire.
14. 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, 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. Family Subsistence Supplemental Allowance (FSSA) payments and any additional combat pay resulting from deployment are also excluded from income.

IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to the basic pay because of deployment and it was not received before deployment, combat pay is not counted as income. Contact your school/center for more information.
15. WILL YOU TELL ANYONE ELSE ABOUT THE INFORMATION ON MY FORM? We will use the information on your form to decide if your children should get Free or Reduced-Price meals. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
16. 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.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? Contact your local Department of Social Services assistance office to find out how to apply for SNAP or TANF.

18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular meal for children whose disability restricts their diet when a physician certifies that disability. If the parent requests, the staff may choose to make substitutions for individual children who do not have a disability, but who cannot drink regular milk due to medical or other special dietary needs that are supported by a certified medical 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 the special meals or milk.

If you have other questions or need help, call 605-444-7801.

Sincerely,
LSS Childcare Staff

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the application for Free or Reduced-Price meals. You only need to submit **one** application per household, even if your children attend more than one school/center. The application must be filled out completely to certify your children for Free or Reduced-Price meals. 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 **Lutheran Social Services, Childcare and Education Services, 3400 E 49th Street, Sioux Falls, SD 57103, 605-371-8770** or by e-mail to Learning@LssSD.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include **ALL** members in your household who are:

- Children age 18 or under **AND** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Lutheran Social Services, Childcare and Education**, *regardless of age*. Include college students.

Each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) How old is the child? Is the child a student? What school/center does the child attend? Fill in the information for the center or school to use. Include college students.

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. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions. If you are applying for both foster and non-foster children, go to step 2.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, and Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free meals:

- The Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - The Food Distribution Program on Indian Reservations (FDPIR)
- *Leave STEP 2 blank and go to STEP 3.*

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Write a case number for SNAP, TANF, or FDPIR. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact your local assistance office. **You must provide a case number on your application.**
- *Go to STEP 4.*

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Use the charts titled “**Sources of Income for Adults**” and “**Sources of Income for Children**,” printed on the back side of the application form to determine if your household has income to report.

REPORT INCOME EARNED BY CHILDREN		
<ul style="list-style-type: none"> • Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “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. 		
REPORT INCOME EARNED BY ADULTS		
<p>Who should I list here?</p> <ul style="list-style-type: none"> • When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own.</u> • Do NOT include: <ul style="list-style-type: none"> ○ People who live with you but are not supported by your household’s income AND do not contribute income to your household. ○ Infants, Children and students already listed in STEP 1. 		
<p>a) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>b) Report earnings from work. 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.</p> <p>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.</p>	<p>c) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.</p>
<p>d) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p>	<p>e) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. 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.</p>	<p>f) 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 to the right labeled “Check if no SSN.”</p>

- B) 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
 - 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.
- C) Write a “0” in any fields where there is no income to report. Any income fields 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 suspect that your household income was reported incorrectly, your application will be investigated.
- D) Mark how often each type of income is received using the check boxes to the right of each field.

What if I am self-employed?

If you are 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.

Do not include money received from self-employment earnings. The amount to figure income from private business operations to be taken from your U.S. Individual Income Tax Return – Schedule 1. Write the numbers from the corresponding tax form lines in the box below. Write it on the free/reduced-price meal application in the earnings column as annually. If it is a negative number, write it as zero on the application. All other income from the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

Line 1 of the IRS Form 1040 cannot be used to report income. Income from wages or salaries must be reported on the free/reduced price meal application for the most recent month by family member and frequency.

Line 7b (total income) and **Line 8b** (adjusted gross income) of the **IRS Form 1040** cannot be used for the purpose of applying for free and reduced-price meals.

The line items below are used to determine allowable self-employment income. Refer to the US Individual Income Tax Return Form 1040 – Schedule 1 under Part I, Additional Income section.

Line 3, Business Income (or loss)	\$	<p>NOTE: If any members of the household have income from wages or salary, the gross income from last month must be reported on the application form.</p> <p>This attachment is used only to report income from self-employment and/or farming.</p>
Line 4, Other Gains (or losses)	\$	
Line 5, Rental Real Estate, etc.	\$	
Line 6, Farm Income (or loss)	\$	
Line 8, Other Income	\$	
TOTAL OF ABOVE LINES:	\$	
Equals annual self-employment income**		

If the TOTAL OF THE ABOVE LINES is a negative number, it must be changed to zero before it is transferred to the free/reduced price meal application

**Report this amount on the free and reduced-price meal application in the category labeled "Farming/Pensions/Retirement/Other Income."

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. 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 determines your income cutoff for Free and Reduced-Price meals.

G) Provide the last four digits of your Social Security Number. The household's primary wage earner or another 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 mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT 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 privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write 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 meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." Sign your name in the box "Signature of adult completing the form."

C) Write Today's Date. In the space provided, write today's date in the box.

D) Share children's Racial and Ethnic Identities (optional). On the back of the application, 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 meals.** If you choose not to provide this information, a visual identification of each child's race and ethnicity will be made and recorded in the data system. If you do not select a race/ethnicity, one will be selected for you based on visual observation.