Reduced Price and Free School Meals are Available

USD 273 Beloit announces the participation of all Kansas school districts and many private schools in the National School Lunch and/or School Breakfast Program. Local school officials have adopted the following household income guidelines for determining eligibility for Child Nutrition Program benefits:

INCOME ELIGIBILITY GUIDELINES, SCHOOL YEAR 2022-2023					
Household Size	Free Benefits	Reduced Price Benefits			
1	\$ 17,667	\$25,142			
2	23,803	33,874			
3	29,939	42,606			
4	36,075	51,338			
5	42,211	60,070			
6	48,347	68,802			
7	54,483	77,534			
8	60,619	86,266			
For each additional household member add	+6,136	+8,732			

Application forms and an informational letter to households are available from the school district or private school. Additional copies are available at the principal's business office in each school. Applications may be submitted at any time during the year. An application for reduced price or free Child Nutrition Program benefits can't be approved unless it contains complete eligibility information as indicated on the application and instructions.

Households receiving Food Assistance (FA) or Temporary Assistance to Families (TAF) will be notified that their children will be provided free benefits unless the household notifies the school that it chooses to decline benefits. Households receiving assistance under these programs should submit an application only if they aren't notified of their eligibility by a specified date determined by the schools. If a household receiving FA, TAF or Food Distribution Program on Indian Reservations (FDPIR) completes an application, the children's names, the food assistance, TAF or FDPIR case number, as well as the signature of an adult household member, must be provided.

Participants in the special supplemental nutrition program for Women, Infants and Children (WIC) or receiving certain Medicaid benefits may be eligible for reduced price or free benefits. Households with WIC participants should complete an application as described above. Households approved for program benefits based on Medicaid will be notified.

Households with children who are enrolled in the Head Start Program or the Migrant Education Program or who are considered homeless or runaway by the school district's homeless liaison should contact the school for assistance in receiving benefits.

Foster children that are under the legal responsibility of a state child welfare agency or court are eligible for free meals regardless of income. The state must retain legal custody of a child. Households will be notified that the foster child(ren) will be provided free benefits unless the household notifies the school that it chooses to decline benefits. Free eligibility is NOT extended to other students in households with foster child(ren, but households with a foster child(ren) can submit an application and list all household members including the foster child(ren). A foster family application could result in different eligibility for family members, such as the foster child(ren) free and the other students could be reduced or free or not eligible for benefits.

Households not receiving Food Assistance, TAF or FDPIR apply for benefits by completing one application for all children in the household. The application must list names of everyone in the household; the amount of income each household member now receives; source of income; the last four digits of the Social Security number of the household member who signs the application or a statement that the household member does not possess one; and the signature of an adult household member certifying that the information provided is correct. The information is confidential and will be used only for the purpose of determining eligibility. The eligibility status may be verified at any time during the school year by school or other program officials.

Under provisions of the reduced price and free benefit policy, the determining official will review applications and determine eligibility. Parents or guardians who are dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. Parents wishing to make a formal appeal may make a request either orally or in writing for a hearing on the decision. The Hearing Official is: Jeff Travis, Superintendent, 3075 US Hwy 24, Beloit, KS 67420; (785) 738-3261; jtravis@usd273.org.

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, audiotape, 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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-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.

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List the name of the major employer contemplating layoffs and the date that the news media release on the first page of this document was submitted. If there is no major employer contemplating layoffs in the area, write "NA" on the line below.

Name of I	Major Empl	oyer(s) Co	ntemplating	Lay-offs:

Date Notified: