## 2023 - 2024 Delaware Prototype Meal Benefit Form

## ODYSSEY CHARTER SCHOOL

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

(Children and Adults)

Please email completed form to: mary.righos@odyssey.k12.de.us

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) Homeless Student? Foster Migrant, Child's First Name Child's Last Name Grade Definition of Household Yes No Child Runaway Member: "Anvone who is living with you and shares income and expenses, even apply if not related." all that 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. STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Case Number: If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) If NO > Go to STEP 3. Write only one case number in this space. Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) STEP 3 How often? A. Child Income Child income Weekly Bi-Weekly 2x Month Monthly Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. 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) Are you unsure what income to include here? 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. How often? How often? How often? Flip the page and review Public Assistance/ Pensions/Retirement/ the charts titled "Sources Earnings from Work Child Support/Alimony Name of Adult Household Members (First and Last) Weekly Bi-Weekly 2x Month Monthly Weekly Bi-Weekly 2x Month Monthly All Other Income Bi-Weekly 2x Month Monthly 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. Last Four Digits of Social Security Number (SSN) of **Total Household Members** Check if no SSN Χ

Primary Wage Earner or Other Adult Household Member

STEP 4	Contact information and adult signature. Mail Completed Form To:		ted Form To: Odyssey	yssey Charter School, 4319 Lancaster Pike, Wilmington, DE 19805								
"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)	pt#	City		State	Zip	Da	ytime Phone and	Email (optional)			
Printed name o	f adult signing the form		Signature of adult				To	oday's date				
STEP 5 DE State Children's Health Care Program												
NO! IDO NOT want information from my Free and Reduced-Price Meal Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.  STEP 6 Odyssey Charter School  YES! School Nutrition Office may share information from this application for school meal   benefits with   local Title   Officials, School Counselors/Nurses, Admin Officials to assist in determination of outside health insurance benefits such as Medicaid/CHIPS  INSTRUCTIONS Sources of Income												
	Sources of Inc		Sources of Income for Adults									
Sources of Child Income		Example(s)			Earnings from Work			Public Assistance / Pensions / Ret Alimony / Child Support All Other				
	gs from work  Security  - Disability Payments  - Survivor's Benefits	A child has a regular full or part-time job where they earn a salary or wages      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			<ul> <li>Salary, wages, ca bonuses</li> <li>Net income from employment (fa or business)</li> <li>If you are in the</li> </ul>	self- arm	Unemployment ben Worker's compensa Supplemental Secu Income (SSI) Cash assistance fro State or local	nent benefits ompensation ital Security SSI) tance from	- Social Section (including retirement lung benefing Private pendisability beneficially and the section of the	urity railroad and black fits) sions or enefits		
- Income	e from person outside the household	- A friend or extende	extended family member es a child spending money		Military: asic pay and cas (do NOT include pay, FSSA or p housing allowar	e combat rivatized	governm - Alimony pa	rnment y payments upport payments	trusts or es  - Annuities  - Investment  - Earned inte	income		
- Income	e from any other source	- A child receives regular income from a private pension fund, annuity, or trust			owances for off-l housing, food ar	oase -	- Strike bene		<ul><li>Rental incom</li><li>Regular cas</li></ul>			
OPTIONAL Children's Racial and Ethnic Identities												
We are required to ask for information about your children's race and ethnicity. This 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 🗆 Native Hawaiian or Other Pacific Islander 🗆 Black or African American 🗀 Asian 🗅 White												

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 submit all needed information, 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 primary wage earner or other 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax:** 

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For	School Use Only										
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12  How often?  Eligibility:											
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household Size	Free Reduced Denied								
	0 0 0 0	Categorical Eligibility	0 ( 0								
Determining Official's Sign	nature Date	Confirming Official's Signature Date	Verifying Official's Signature	Date							