



Vermillion

SCHOOL DISTRICT NO. 13-1

"Together We Connect, Inspire and Achieve"

Administrative Services

1001 E. Main Street
Vermillion, SD 57069
Phone: 605-677-7000
Fax: 605-677-7002

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Vermillion School District #13-1** offers healthy meals every school day. Breakfast costs **\$1.70**; lunch costs **Elementary \$2.95, Middle School \$3.10, and High School \$3.15**; **your children may qualify for free meals or for reduced-price meals**. Reduced-price is **\$0.30** for breakfast and **\$0.40** 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 2022-2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional person:	\$8,732	\$728	\$168

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 **Vermillion School District Business Office at 605-677-7000 or VermillionBusinessOffice@k12.sd.us**.
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: **Kevin Kocer, Business Office, 1001 E Main Street, Vermillion, SD 57069, Phone Number: 605-677-7000.**
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 **Kevin Kocer, Business Office, 1001 E Main Street, Vermillion, SD 57069, Phone Number: 605-677-7000** 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.
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. WIC and Medicaid are **not** automatic qualifications. 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 school 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 DECISION ABOUT MY APPLICATION? You should talk to school officials by calling **Kevin Kocer, Business Office, 1001 E Main Street, Vermillion, SD 57069, Phone Number: 605-677-7000.** You also may ask for a hearing by calling or writing to: **Damon Alvey, Superintendent, 1001 E Main Street, Vermillion, SD 57069, Phone Number: 605-677-7000**
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 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 a certain period of time. You may visit with a school/center official to get the exact date the meal benefits will expire.
13. 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. When 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.
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 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 office to find out how to apply for SNAP or other assistance benefits.

18. WHAT IF MY CHILD NEEDS SPECIAL FOODS? The school/center will make substitutions to the regular school meal for children whose disability restricts their diet when a physician certifies that disability. If the parent requests changes, 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 special meals or milk.

If you have other questions or need help, call **605-677-7000**.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Kocer', written in a cursive style.

Kevin Kocer
Business Manager
Vermillion School District
605-677-7000

2022-2023 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)

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

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.

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

If you answered NO > Complete STEPS 3 and 4. If YES > Write your 9-digit SNAP, TANF, or FDIPIR 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)

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.

Name of Adult Household Member (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Farming/ Pensions/ Retirement/ Other Income	How often?	Child Income	How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
				<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"/>

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 Member (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Farming/ Pensions/ Retirement/ Other Income	How often?	Child Income	How often?		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
				<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"/>

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 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 _____ Today's date _____

INSTRUCTIONS: Sources of Income

Sources of Income for Children

- Sources of Child Income**
 - Earnings from work
 - Example(s)
 - 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
 - A friend or extended family member regularly gives a child spending money
 - A child receives regular income from a private pension fund, annuity, or trust
 - Social Security
 - Disability Payments
 - Survivor's Benefits
 - Income from person outside the household
 - Income from any other source

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
 - Basic pay and cash bonuses (do NOT include combat pay, F SSA or privatized housing allowances)
 - Allowances for off-base housing, food and clothing

Sources of Income for Adults

- Public Assistance / Alimony / Child Support**
 - 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
- Pensions / Retirement / All Other Income**
 - 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

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 Asian Black or African American Native Hawaiian or Other Pacific Islander White

Civil Rights: Information if you have a complaint

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, 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.

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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a 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:

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

Determining Official's Signature _____ Date _____
 Confirming Official's Signature _____ Date _____
 Verifying Official's Signature _____ Date _____

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Vermillion School District. The application must be filled out completely to certify your children for free or reduced-price school 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 **Kevin Kocer, Business Office, 1001 E Main Street, Vermillion, SD 57069, Phone Number: 605-677-7000.**

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 you provide care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Vermillion School District, regardless of age**

- A) **List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for 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.
- 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 3.
- 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 school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR)

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:**
- *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		
Who should I list here?		
<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.

- E) To figure monthly income for self-employment/farming: The information to figure income from private business operation is 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)	\$	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. This attachment is used only to report income from self-employment and/or farming.
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 school 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 school meals; however, if you do not select a race/ethnicity, one will be selected for you based on visual observation.

Healthy Bites



INFORMATION • PAYMENTS • MEAL PRICES • MENUS • LOCATIONS • CONTACTS

We look forward to the coming school year at The Vermillion School District as Lunchtime Solutions continues to provide your food service program.

The purpose of this communication is to provide you with an overview of the school food service program this year. If you have any questions or comments about our program, please feel free to contact Rachele Loutsch, Food Service Director, at 605-677-7032 or r.loutsch@lunchtimesolutions.com. For your convenience, our menu is posted monthly on the school website. Below is the district's breakfast and lunch prices, as well as extra entrée and milk prices for the 2022-23 school year.



K-12 Breakfast	\$1.70	Extra Lunch Entrée	\$2.00
K-5 Lunch	\$2.95	Extra Dominos	\$2.25
6-8 Lunch	\$3.10	Extra Milk	\$0.55
9-12 Lunch	\$3.15	Adult Lunch	\$4.05



SCHOOL BREAKFAST

Breakfast is served in the dining areas before school starts. Please encourage your student to participate in school breakfast.

Research studies show that eating breakfast can help students perform better in the classroom.



SCHOOL LUNCH

Elementary students have two entrée choices daily.

Middle and High School students have 5-7 entrée choices daily

All meals include an entrée choice, a hot vegetable plus the unlimited Fruit & Veggie Bar, and milk choices.



ONLINE MENUS

Find your schools menu at:
<https://myschoolmenus.com>



SCHOOL LUNCH ACCOUNTS

Enclosed is the District's Lunch Account Policy for the 22-23 School year. The District does not allow students to charge on their accounts. When an account balance is low, students receive a minimum of three reminders to bring lunch money. At this point, when an account reaches a negative balance, all purchases will **stop**. If the student is a free student they still will be able to purchase a school lunch, but no extra entrées will be allowed.

Infinite Campus' Point of Sale (POS) software system is used for the school lunch program. Please note the following important information:

- Each student will have his/her own individual Student Account.
- Online deposits can be entered into student accounts through the parent portal under Lunch Account.
- Please make checks payable to Vermillion Public Schools or VPS
- If sending cash with a student, place in a sealed envelope, along with the student's first and last name.
- We are not responsible for lost, unidentified, or stolen cash. Deposits should be turned in by 9:00 a.m. at the student's school.

Lunch Account Deposits must be made before school starts. Because we receive an overwhelming amount of deposits the morning of the first day of school, we cannot guarantee that we will be able to input all deposits into accounts before the lunch period begins. To ensure that your deposit is credited to your student's lunch account on the first day of school, please send your first deposit, for each student in your family, to the address below:

**Vermillion School District
1001 E. Main Street
Vermillion, SD 57069**

Include your name, your student's first and last name, and your student's lunch account number, along with any changes in your address or telephone number.

DIET MODIFICATIONS

Families are responsible for notifying the School Food Service if their child requires a diet modification because of a life threatening disability. A licensed physician must provide specific written medical documentation.

Please contact Rachelle Loutsch at the School Food Service office for more info.

Applications for Free and Reduced-price meals must be received in Administration AND approved before school starts. There will be no exceptions.

Applications can be picked-up at the District Administration Building, or are available at the school website on the "Food Service" page. All students will be at Paid status on the first day of school, unless the Free & Reduced application has been received and approved prior to the first day of school.

EXTRA ENTRÉE – EXTRA MILK

All students, at an extra cost, can purchase an additional entrée or milk offered as part of the school lunch program.

For example if a student wants a second entrée, or an additional entrée, like a slice of pizza, then that entrée can be selected in the lunch line and charged to the student's account.

Extra entrees are only sold to students who first purchase a school lunch.

All students can have extra servings of these with no charge:

Canned Fruit Fresh Fruit Vegetables Salads

If a student is free or reduced they may receive one entrée with their meal but they must have money in their account to purchase any extra entrees.

SNACKS

For Middle/High School students, snack items will be available during the lunch period.

Snack items offered include:

Fruit Drinks Chex Mix Beef Jerky
Ice cream Variety of Chips Yogurt
Fruit Snacks Granola Bars Uncrustables
All snacks meet standards set by the District's Wellness Policy.

JOIN US ANYTIME

Please feel free to join your child for a meal any day. The cost for an adult breakfast is \$2.35 and an adult lunch is \$4.05.

Please pay for your lunch with cash or charge to your student's lunch account at the point of sale.

**Contact: Rachelle Loutsch
Food Service Director
Phone: 605-677-7032
R.loutsch@lunchtimesolutions.com**

Lunchtime
SOLUTIONS
TIME FOR FRESH

MY SCHOOL MENUS

APP

NUTRITION ON THE GO



NOTICE
2022-2023
Vermillion School District
OPTIONAL BUS SERVICE

The Vermillion School District provides optional bus service for public and private school students in grades kindergarten through twelfth grade. This optional bus service will be provided for students who reside within a five-mile radius of a student's principal school which includes in-town service. The fee for this service will be \$75 per child per semester. A family with more than two children being transported will not be charged more than \$150 per semester. If the bus pass fee is paid by an established due date, the early payment amount will be \$50 per child per semester with a maximum per family of \$100 per semester.

Parents interested in the optional bus service need to complete a registration form and pay the fee prior to using the service. A bus pass will be issued upon completion of the registration form and payment of the fee. **Students who qualify for free lunches may receive a free bus pass upon completion of the registration form.** The bus pass must be available to show the driver each time the student boards the bus.

Registration for optional bus service can be done at the Vermillion School District Administrative Building located at 1001 East Main Street beginning August 4th through August 17th, from 8:30 a.m. to 12:30 p.m. and 1:00 p.m. to 4:30 p.m. The fee for the first semester bus service is due before August 18, 2022. The fee for the second semester bus service is due before January 5, 2023.

Bus service for students who reside beyond the five-mile radius of their attended school, will be provided at no charge. If there are any questions, please contact Lynette Myers at the Bus Barn 605-670-2942.