

July 2023

Dear Parents,

The Scotus Cafeteria is using the Power School Breakfast/Lunch Program for the upcoming 2023-2024 school year. This system works best if your child's account has a positive balance with payments due by the 15<sup>th</sup> of the month.

By using the Power School program, you will be able to track your child's activity for breakfast/lunch/ala carte, all inclusive, in that child's account. This system also carries over any remaining balance to your child's next school year. Only out-going students will receive a refund check at the end of the school year or at departure. Information is being sent to new families on how to log into the Power School site.

Scotus' first breakfast/lunch day will be Tuesday, August 15<sup>th</sup>, with ala carte food and drink options available for purchase. **Students must have a positive account balance in order to make these purchases.** This also includes milk purchases for students carrying a sack lunch. The first payment is due August 1st and all remaining due dates of the different payment plans are listed on the back of this letter. The price for breakfast is \$2.75 & lunch will be \$3.75 per meal. Deposits can be made as follows:

- 1 YEARLY PAYMENT OF \$626.25 (due August 1st, 2023)
- 2 SEMESTER PAYMENTS \$313.12 (due August 1, 2023, 2<sup>nd</sup> payment of \$313.13 due January 1, 2024)
- MONTHLY PAYMENTS with a \$100.00 down payment (due August 1, 2023). Please check monthly payment plan on back for the amounts due for September through April. The date and amount can also be found on the Shamrock Lines monthly calendar.

Students may bring payments to the Central Office, or payments may be mailed to Scotus Cafeteria, c/o Shelly Adams, 1554 18<sup>th</sup> Ave., Columbus, NE 68601. Make checks payable to Scotus Cafeteria and list your child(ren)'s name(s) in the memo section and indicate amount for each. Do not include lunch money with tuition. Also, do not send payment for students at St. Bonaventure with Scotus to insure proper credit and keep monies separate for accounting purposes.

**Enclosed is a copy of our Meal Charge Policy, you will also find a copy of this policy in your Student Handbook.**

Thank you for your cooperation and please call me if you have any questions at 402-564-7165 ext#153.

Sincerely,

Shelly Adams  
Nutrition Services Account Manager  
sadams@colcath.org

# LUNCH PAYMENT PLAN

**\* The amounts listed do not include funds for breakfast and ala carte items; additional funds are required for these purchases \***

| <u>Payment Plan</u> | <u>Yearly</u>      | <u>Date Paid</u> | <u>Check No.</u> |
|---------------------|--------------------|------------------|------------------|
| \$626.25            | Due August 1, 2023 | _____            | _____            |

| <u>Payment Plan</u> | <u>Semester</u>     | <u>Date Paid</u> | <u>Check No.</u> |
|---------------------|---------------------|------------------|------------------|
| \$313.12            | Due August 1, 2023  | _____            | _____            |
| <u>\$313.13</u>     | Due January 1, 2024 | _____            | _____            |
| \$626.25            |                     |                  |                  |

| <u>Payment Plan</u> | <u>Monthly</u>         | <u>Date Paid</u> | <u>Check No.</u> |
|---------------------|------------------------|------------------|------------------|
| \$100.00            | Due August 1, 2023     | _____            | _____            |
| \$66.00             | Due September 15, 2023 | _____            | _____            |
| \$66.00             | Due October 15, 2023   | _____            | _____            |
| \$66.00             | Due November 15, 2023  | _____            | _____            |
| \$66.00             | Due December 15, 2023  | _____            | _____            |
| \$66.00             | Due January 15, 2024   | _____            | _____            |
| \$66.00             | Due February 15, 2024  | _____            | _____            |
| \$66.00             | Due March 15, 2024     | _____            | _____            |
| <u>\$64.25</u>      | Due April 15, 2024     | _____            | _____            |
| \$626.25            |                        |                  |                  |

## Meal Charge Policy

### I. Purpose

The Scotus Central Catholic Cafeteria is an optional meal program. The goal of the cafeteria is to provide the students attending St. Bonaventure Grade School/Pre-School and Scotus Central Catholic Jr./Sr. High School with healthy meals each day. However, unpaid charges place a financial burden on the Food Services Department. The purpose of this policy is to insure compliance with federal reporting requirements for the USDA Child Nutrition Program, and to provide oversight and accountability for the collection of outstanding student meal balances.

The intent of this policy is to establish uniform meal account procedures for regular price and reduced-price breakfast/lunch meals and ala carte options only.

### II. Policy

Parents/Guardians are responsible for meal payment to the food service program. Our program operates by cash or check payments and works best with meals paid in advance to avoid a negative balance. Yearly, 1<sup>st</sup> Semester, and the monthly down payments are expected by the first day of school. Monthly payments are due on the 15<sup>th</sup> of every month and prices with a payment schedule are mailed to families in July. Notices of low or deficit balances are sent home to parents. Families with larger deficit balances will receive a notice in the mail. We will also deny the purchase of a second lunch option and our ala carte smart snacks to any student if their account reaches a \$0 balance.

*NOTE: It is Scotus' policy that no student be denied first lunch regardless of the account balance.*

Power School is the cafeteria's computerized point of sale/cash register system that maintains a record of all monies deposited and spent for each student and staff member. Said records are available by accessing your student's or personal staff Power School account. You may also contact your Nutrition Services Account Manager for any information regarding your lunch account. Students/Staff may mail in payments, deliver them to their school's central office or deliver them to the cafeteria office.

Refunds for Withdrawn and Graduating Seniors: If your student's remaining lunch balance is \$25 or less, a cash refund is handed to your student to take home. Any amount over \$25 is issued in the form of a check and mailed to the parents. Refunds are not given if there are siblings enrolled at Scotus and/or St. Bonaventure schools. The cafeteria will carry over all remaining students' positive lunch balance (credit) at year end.

Balances Owed are expected to be paid in full at year end. Student records will not be released if any amount is owed. It is up to Parents/Guardians to contact the Nutrition Services Account Manager with payment or to set up a payment schedule over the summer months. Any account that does not show the minimum \$15 monthly good-faith payment will be turned over for collection.

Returned Checks, regardless of reason, will be assessed fee of \$25 by the cafeteria in addition to the bank overdraft fees.

Application to the Free and Reduced Lunch program can be made at any time during the year. If a hardship ensues, families are encouraged to apply. Administration may investigate families with deficit balances to see if there is a financial burden and encourage them to apply for assistance.

## July 2023

Dear Parent/Guardian:

Children need healthy meals to learn. **Scotus Central Catholic Cafeteria** offers healthy meals every school day. Breakfast costs **\$2.75**; lunch costs **\$3.75**. **Your children may qualify for free or reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. If your child(ren) qualified for free or reduced price meals at the end of last school year, you must submit a new application by **Sept. 27**, in order to avoid an interruption in meal benefits.

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 the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) 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.

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 **[school, homeless liaison or migrant coordinator]**.

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: **Shelly Adams, Scotus Central Catholic Cafeteria, 1554 18<sup>th</sup> Ave., Columbus, NE 68601 or e-mail [sadams@colcath.org](mailto:sadams@colcath.org).**

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 **Shelly Adams @ 402-564-7165 ext# 153 or [sadams@colcath.org](mailto:sadams@colcath.org)** immediately.

5. CAN I APPLY ONLINE? Yes, you can fill out the form online at our website & email it to [sadams@colcath.org](mailto:sadams@colcath.org), or print the form and mail or drop it off at the Scotus Central Catholic main office Attn: Shelly Adams.

6. 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. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. Brady Vancura, Principal, Scotus Central Catholic High School, 1554 18<sup>th</sup> Ave., Columbus NE 68601, 402-564-7165.**
11. 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.
12. 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.
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. 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.
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. Any additional combat pay resulting from deployment is also excluded from income.
15. 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. You may also print off an additional sheet.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, please go online to [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov) or call 1-800-383-4278.

If you have other questions or need help, call **Shelly Adams @ 402-564-7165 ext# 153.**

Sincerely,

**Brady Vancura, Principal, Scotus Central Catholic Jr./Sr. High School**

## Instructions for Completing the Free & Reduced Price School Meals Family Application

**For households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1:** List each child's name, the school they attend and their grade.  
**Part 2:** Enter household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**For households with FOSTER, HOMELESS, MIGRANT or RUNAWAY CHILDREN, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, the school they attend and their grade. Check the box indicating the child is a foster child.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Complete this part. An adult must sign the form.  
**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**If some of the children in the household are foster children or are homeless, migrant or runaway children:**

- Part 1:** List all children, the school they attend and their grade. Check the appropriate box.  
**Part 2:** If the household does not have a Master Case Number, skip this part.  
**Part 3:** Follow these instructions to report total household income from last month.  
**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.  
**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
- Child support payments, Alimony payments

**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (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 and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to

report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Please note:** Children who meet the definition of homeless, migrant or runaway, are eligible for free meals. However, the school district must have documentation on file from a migrant coordinator, homeless/runaway liaison or the district's Direct Certification list to approve the child for free meals.

**For ALL other households, follow these instructions:**

**Part 1:** List all children, the school they attend and their grade.

**Part 2:** If the household does not have a Master Case Number, skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column 1 – Household Members:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.

**Column 2 - Gross Income and How Often it was Received:** Gross income is the amount earned **before taxes and other deductions**; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly.

**Earnings from Work** includes the following:

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)

If you are in the U.S. Military, include:

- Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental Allowance (FSSA) payments or privatized housing allowances)
- Allowances for off-base housing, food and clothing

**Do not include income** from SNAP, FDPIR, WIC, Federal education benefits and foster care payments.

**Public Assistance/Child Support/Alimony** includes the following:

- Unemployment benefits, Worker's compensation
- Supplemental Security Income (SSI), Cash assistance from state or local government
- Veteran's benefits (VA benefits), Strike benefits
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**Pensions/Retirement/All Other Income** includes the following:

- Social Security payments (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 and *Regular* cash payments received from outside the household.

If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

**Household Size:** Enter the total number of people in your household.

**Social Security Number:** The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."

**Part 4:** Complete this part. An adult must sign the form.

**Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

**Return Completed Application to: Scotus Central Catholic Cafeteria, 1554 18<sup>th</sup> Ave., Columbus NE 68601**

**Part 1: Children in School**

|   |       |                              |   |                          |
|---|-------|------------------------------|---|--------------------------|
| List names of all children in school ( <b>First, Middle Initial, Last</b> ).<br>If <b>all</b> children listed are foster, skip to Part 4 to sign the form.<br>If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application. | Grade | Name of School Child Attends | Check all that apply:<br>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"/> |

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:   
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

|  |   |           |   |           |   |           |
|--|---|-----------|---|-----------|---|-----------|
| <b>1. Household Members</b><br>List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's <b>personal</b> use income must be listed. | <b>2. Gross Income (before taxes) and How Often it was Received</b> |           |   |           |   |           |
|  | Earnings from Work before deductions                                |           | Public Assistance, Child Support, Alimony |           | Pensions, Retirement and All Other Income |           |
|  | Income  | How often | Income                                    | How often | Income                                    | How often |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |
|  |   |           |   |           |   |           |

Total Number of Household Members: \_\_\_\_\_ (Children and Adults)  
 Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – \_\_\_\_\_ Check if no SSN

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

*"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."*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children's Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:**      – and –      **Check one or more Racial Identities:**

Hispanic or Latino       Asian       Black or African American       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino       White       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:      Weekly X 52;      Every 2 weeks X 26;      Twice a month X 24;      Monthly X 12

Total Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ per \_\_\_\_\_

Free       Reduced       Denied  
 Income      Reason for denial:  
 Categorically eligible:       Income too high  
      SNAP/TANF/FDPIR       Incomplete application  
      Foster Child  
      Homeless/Migrant/Runaway:  
     (Official Documentation Required at School)

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**FOR THE VERIFICATION PROCESS ONLY:**

Signature of Confirming Official: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Signature of Verifying Official: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Date Withdrawn From School: \_\_\_\_\_



Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

| FEDERAL INCOME CHART<br>for School Year 2023-24 |        |         |                 |                 |        |
|---|--------|---------|-----------------|-----------------|--------|
| Household size                                  | Yearly | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1   | 26,973 | 2,248   | 1,124           | 1,038           | 519    |
| 2   | 36,482 | 3,041   | 1,521           | 1,404           | 702    |
| 3   | 45,991 | 3,833   | 1,917           | 1,769           | 885    |
| 4   | 55,500 | 4,625   | 2,313           | 2,135           | 1,068  |
| 5   | 65,009 | 5,418   | 2,709           | 2,501           | 1,251  |
| 6   | 74,518 | 6,210   | 3,105           | 2,867           | 1,434  |
| 7   | 84,027 | 7,003   | 3,502           | 3,232           | 1,616  |
| 8   | 93,536 | 7,795   | 3,898           | 3,598           | 1,799  |
| Each additional person:                         | 9,509  | 793     | 397             | 366             | 183    |

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 are 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.

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2020 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

When completing this form, **losses** (negative numbers) reported on any of the lines below are included when determining the **total** self-employed income. If the total income is a negative number, it is to be recorded as zero on the meal application in the column labeled "All Other Income".

Zero income resulting from use of the 1040 Form does not require follow-up.

### **Important Reminders from the U.S. Individual Income Tax Return Form 1040:**

Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

Line 9 (Total Income) and line 11 (Adjusted Gross Income) cannot be used for the purpose of applying for free and reduced-price meals.

The five line items listed below are used to determine allowable self-employment income.

### **From the first page of the U.S. Individual Income Tax Return Form 1040:**

Line 7 Capital Gain or (loss) \_\_\_\_\_

### **From the U.S. Individual Income Tax Return Form 1040 – SCHEDULE 1 - under Part 1 - Additional Income:**

Line 3 Business Income or (loss) \_\_\_\_\_

Line 4 Other Gains or (losses) \_\_\_\_\_

Line 5 Rental Real Estate, etc. \_\_\_\_\_

Line 6 Farm Income or (loss) \_\_\_\_\_

**Total** of the above five lines: \_\_\_\_\_ **equals annual self-employed income \***

\* Report this figure on the meal application in the column labeled "All Other Income".

**If the total of the above lines is a negative number, it must be changed to zero before it is transferred to the meal application.**

**NOTE:** This form is used only to report income from self-employment and/or farming. If any members of the household have income from other jobs, the gross income from those jobs must be reported on the meal application form.