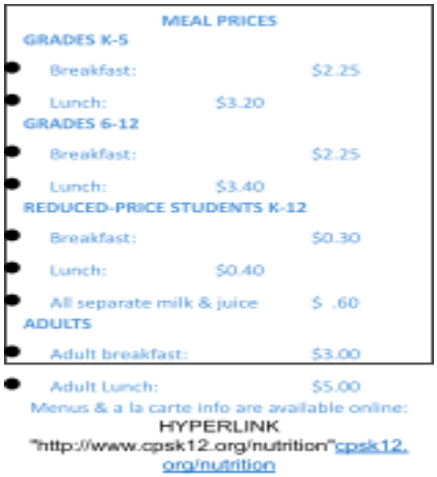
Columbia Public Schools

Dr. Jeff Klein
Superintendent of Schools

Nutrition Services
1818 W. Worley
Columbia, MO 65203
Phone: (573) 214-3480
cpsk12.org/nutrition
Laina Fullum, Director

2025-2026 FREE & REDUCED-PRICE SCHOOL MEAL APPLICATION
SCHOOL MEALS FAQ



Dear Parents/Guardians,

Welcome to the 2025-2026 School Year. Children need healthy meals to learn**.** Columbia Public Schools' Nutrition Services offers healthy meals every school day. **Your children may qualify for free meals or for reduced-price meals.** 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 enrolled and attending Columbia Public Schools, in households receiving one or more of the following below eligibility criteria, may be eligible for free or reduced-price meal benefits:
   - Household's gross income is within the limits on the Federal Income Eligibility Guidelines.
   - Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP) eligible
   - Food Distribution Program on Indian Reservations (FDPIR) eligible
   - Temporary Assistance for Needy Families (TANF) eligible
   - Foster children: children who are the legal responsibility of a foster care agency or court.
   - Children who are homeless, runaway, or migrant are eligible to receive free meals.

Below is an example of the federal Income Eligibility Guidelines

Household Size	Annually	Monthly	Weekly
1	$28,953	$2,413	$557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
For each add'l person add	+10,175	+848	+196

2. CAN I APPLY ONLINE? Yes! The process yields quicker results and have the same requirements. Visit our online application website MySchoolApps.com, create an account with Heartland Mosaic's MySchoolApps and select "Apply".

3. 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 the district's Student Services Department at 573-214-3438.

4. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household each year.* We cannot approve an incomplete application, so be sure to complete all required information. Return the completed application to: Columbia Public Schools, Nutrition Services' address above, your child's school cafeteria, or online.

5. SHOULD I COMPLETE 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 carefully and follow the instructions**. If any children in your household were missing from your eligibility notification, contact Nutrition Services immediately.** Eligibility must be renewed annually between July 1-June 30.

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 you have been notified by Nutrition Services that your child is eligible for the new school year.*

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Maybe. 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 or 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 Nutrition Services. A hearing may be requested by contacting Lazell Ofield, Chief Operations Officer at 573-214-3400, or in writing at 1818 W. Worley Street, Columbia, MO 65203.

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. 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, or receive Family Subsistence Supplemental Allowance payments, 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.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

18. HOW DO I PAY FOR MY CHILD'S SCHOOL MEALS? All schools use a computerized cashier system. Each student is automatically assigned a meal account. To access this account, all students enter their student ID on a keypad at the cash register for food purchases. This account rolls information from year to year and follows your child in the Columbia Public School district. There are 3 ways to pay on this account:

- In the school cafeteria to school lunch personnel only
- Online via Heartland Mosaic MySchoolBucks). Families who would like to use this app must sign up for a MySchoolBucks account.
- In the Nutrition Services office at 1818 W. Worley St., Columbia, MO 65203

19. WHAT IF MY CHILD DOES NOT HAVE MONEY IN THEIR MEAL ACCOUNT? Students will still be able to select a complete USDA certified meal but will not be able to purchase any additional items such as milk only or a snack. Please review the district's 2025-2025 Breakfast/Lunch Program Information and Meal Purchasing Procedures. **For more information visit our website at cpsk12.org/nutrition, email lunch@cpsk12.org, or call 573-214-3480. Have a great school year!**

USDA Non-discrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at 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:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; **Fax:** (202) 690-7442; or **Email:** program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you complete 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 Columbia Public Schools. The application must be filled out completely to determine the eligibility your child(ren) 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 the Nutrition Services office at 573-214-3480 or e-mail lunch@cpsk12.org.

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

STEP 1: LIST ALL CHILDREN, INFANTS, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 aged 18 or under AND are supported with the household's income.
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth.
- Students attending Columbia Public Schools regardless of age

A) List each child's name.	B) Building name/Grade.	C) Do you have any foster children?	D) Are any children homeless, migrant, or runaway?
Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. 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. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	If child is a student, list building name and grade.	If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.	If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete and income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later.

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

If anyone in your household (including you) currently participates in one or more of 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)

If no one in your household participates in any of the above listed programs:	If anyone in your household participates in any of the above listed programs:
• Check "No" in **STEP 2** and go to **STEP 3.**	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636. • Go to **STEP 4**.

STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

How do I report my income?

- Use the list titled **"Sources of Income for Adults"** & **"Sources of Income for Children,"** printed on the back side of the application form to determine if your household has income to report.
  - 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 and deductions.

- 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.

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.

- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- ***Do NOT include:***
  - 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.**

1) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1.	**2) List earnings from work.** List all total gross income from work in the "Earnings from Work" field on the application. total gross 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. 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.	**3) List income from public assistance/child support/alimony.** List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.
4) List income from pensions/retirement/all other income. List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	**5) List 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.	**6) 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 Social Security Number."

3.B. LIST INCOME EARNED BY CHILDREN

List all income earned or received by children. List 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.

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.

Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you. **Optional:** 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. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.	**Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**Mail Completed Application to:** Columbia Public Schools, Nutrition Services, 1818 W. Worley St. Columbia MO 65203. Please **DO NOT** mail, fax, or e-mail completed applications or questions about applications to USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

2025-26 Application for Free and Reduced Price School Meals

APPLY ONLINE: cpsk12.org/nutrition
RETURN TO: Nutrition Services, 1818 W. Worley St., Columbia, MO 65203

Check this box if student is new to CPS ☐
Date Received by District : ____________

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Building Name	Grade	Foster Child	Homeless, Migrant, Runaway
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ NO → Go to STEP 3. ○ YES → Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 not income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults): ☐☐

Last four numbers of Social Security Number (SSN) of primary wage earner or other adult household member (If Applicable): X X X - X X - ☐☐☐☐

Check if no Social Security Number ☐

Please see back of application for list of income sources.

B. Child Income
Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S CAFETERIA OR NUTRITION SERVICES OFFICE AT 1818 W. WORLEY ST. COLUMBIA, MO 65203**

"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 (confirm) 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."

Print Name of Adult Signing the Form ____________ Signature of Adult ____________ Today's Date ____________

Mailing Address (if Available) ____________ City ____________ State ______ Zip ______ Daytime Phone and Email (optional) ____________

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12 (USE ONLY IF MULTIPLE FREQUENCY)

☐Food Stamps/Temporary Assistance Household size: ____________ Total income: ____________ Per: ☐Week ☐Every 2 Weeks ☐Twice a Month ☐Month ☐Year

Eligibility: ☐Free ☐Reduced ☐Denied Reason: ____________ Date withdrawn: ____________

Error Prone Application: ☐Yes ☐No *(Optional – See FAQs)* Determining Official's Signature: ____________ Date Approved/Denied: ____________

Confirming Official's Signature (For Verification purposes only): ____________ Date: ____________

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		
Earning from Work	**Public Assistance/Alimony/Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses, tips, commissions • 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, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government. • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest. • Rental income • Regular cash payments from outside household

Examples of Income for Children
• 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 child has a regular full or part-time job where they earn a salary or wages
• A child has a regular full or part-time job where they earn a salary or wages

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ❑ Not Hispanic or Latino

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

Return this completed form to your child's school. *Do <u>not</u> mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

Use of Information Statement _____

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

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:

Return completed form to your child's school cafeteria or to Nutrition Services: 1818 W. Worley St. Columbia, MO 65203.

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

Consent to Share Information with Other Programs (Optional)

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Family Application may be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) get free or reduced-price meals.

This consent authorizes Columbia Public Schools to release and/or obtain records or information as identified below. The agency/institution/individual listed below must maintain the confidentiality of the records/information.

I understand that this authorization:

- can be stopped at any time by sending a written request to Columbia Public Schools, Nutrition Services.
- takes effect the day I sign it and is valid for one year.

I further understand:

- That any records or information received by the school district from another agency/institution/individual may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records and information protected by the Family Educational Rights and Privacy Act (FERPA). See page 2 of this release for more information about FERPA and HIPAA.
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.

❑ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Family Application shared with any of these programs.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Family Application with

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Family Application with **[name of program specific to your school]**.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Family Application with **[name of program specific to your school]**.

If you checked yes to any or all the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Nutrition Services** at **573-214-3480**.
Return this form to: Nutrition Services, 1818 W. Worley St. Columbia, MO 65203 or lunch@cpsk12.org

Missouri Department of Social Services

Does your child need health care coverage?

MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines)

Who Is Eligible?

A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

MO HealthNet for Kids Non-CHIP

- 196% Federal Poverty Level (FPL) for children under age 1
- 148% FPL for ages 1-18

MO HealthNet for Kids (CHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL; and
- Child is uninsured

MO HealthNet for Kids (CHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured; and
- Children in families with gross income over 150% FPL without access to affordable health insurance (from $115 to $311 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to ensure that no family pays more than 5% of their income for coverage.

To Apply:

- **Online** at mydss.mo.gov/healthcare. Please send an email to Cole.MHNPolicy@dss.mo.gov with subject line "School" to let us know to watch for your application.
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- **Request an application** from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- **Print an application** online at dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf. Please write "SCHOOL" at the top of the application.

INCOME GUIDELINES EFFECTIVE APRIL 1, 2025

Children under age 1 at 196% of the federal poverty level:

Family Size	Income Limit*
1	$2557
2	$3455
3	$4353
4	$5252
5	$6150

Children ages 1-18 at 148% of the federal poverty level:

Family Size	Income Limit*
1	$1931
2	$2609
3	$3287
4	$3966
5	$4644

150% of the federal poverty level:

Family Size	Income Limit*
1	$1957
2	$2644
3	$3332
4	$4019
5	$4707

300% of the federal poverty level:

Family Size	Income Limit*
1	$3913
2	$5288
3	$6663
4	$8038
5	$9413

*The Federal Poverty level changes in April.