



# Harding County School District #31-1

*Home of the Ranchers*

*Establishing a  
Foundation for  
Future Endeavors*

August 4, 2017

Dear Parents,

Enclosed is the 2017-2018 School Lunch Packet, including an application for Free & Reduced Price lunches that we encourage you to fill out.

- All applications are confidential and may allow your family to receive reduced price lunches (\$0.40 each) or even free meals.
- You can fill out an application at any time of the year.
- Families that were in the program last year will continue to be until September 22. **Please return a new application before then to continue the program.**
- If you have any questions, there is a list of Frequently Asked Questions attached, or you may contact the school. We are glad to help!

Superintendent  
*Josh Page*

Principal/AD  
*Kelly Messmer*

Business Manager  
*Elizabeth Henderson*

Below are the meal prices for the school year. Please remember that the a la carte items do not qualify under the Free & Reduced Lunch Program, and your account will be charged for these items. Snacks for elementary students are available each morning in the lunch room for \$0.50 each and generally include a piece of fruit, cheese sticks, or a granola bar.

#### 2017-2018 Prices

##### Lunch Prices:

Grades K-5: \$3.75  
Grades 6-12: \$4.25  
Adults: \$5.25

##### A La Carte Items:

Extra Milk: \$0.35  
Salad Bar: \$2.00  
Snacks: \$0.50

Physical Address:  
12474 Tipperary St.  
Buffalo, SD 57720

Mailing Address:  
Box 367  
Buffalo, SD 57720

Phone:  
(605) 375-3241

Fax:  
(605) 375-3246

Last school year, we implemented a new system for tracking meals through Infinite Campus. You can view your lunch account any time via Parent Portal. We will continue to send monthly bills. Please remember the Portal is updated daily and may not match the amount on your bill. We also encourage you to pay your account in advance. Any money remaining at the end of the year will roll over into the next year.

**Ludlow and Camp Crook Schools** participate in the Special Milk Program which can qualify students for free milk. If you think you may qualify, please fill out and return the application as well. If you do not qualify for the program or choose not to fill out an application, your milk price is \$0.15 per carton. The main office will bill you for milk charges each month.

Website:  
hardingcounty.k12.sd.us

Please take note of the Lunch Account Policy included in this packet. Please let us know if you have any questions.

Elizabeth Henderson  
Business Manager

# HARDING COUNTY SCHOOL DISTRICT LUNCH ACCOUNT POLICY

Harding County School Districts policy regarding lunch accounts effective for the 2017-2018 school year is as follows:

## Purpose of Policy

- Maintain the financial integrity of the School Lunch Program
- Provide children with adequate nutrition to focus in school

## Lunch Accounts

- Each student has an individual account number that they should memorize.
- Lunch accounts will be billed to each family at the end of each month.
  - Please make payment of invoices promptly.
  - Payments can be mailed to the school or dropped off at the front office.
    - Harding County School Dist., Box 367, Buffalo, SD 57720
  - Advance payment of accounts is encouraged and welcomed.
- Parents and/or students can check account balances through Parent Portal on Infinite Campus, or by contacting Jeana Hunsucker or Elizabeth Henderson at the school office, 375-3241.
- If payment cannot be made each month, please contact the school to set up a payment schedule.
- All accounts need to be paid in full by May 31 each school year. Accounts not paid in full by May 31 will begin collection procedures, starting with a letter to the responsible party. If there is no response, additional notifications will be sent and/or parent will be called. After it is judged that the usual methods to collect money owed the district have failed, then action will be taken to collect in small claims court.

## Free & Reduced Meal Applications

- All families are encouraged to apply for Free or Reduced Price Meals. Families may apply (or reapply) for free or reduced price meals any time during the school year.
- Applications are confidential. Lunch room staff and students do not know who qualifies and who does not.
- Special Milk Program is available for Camp Crook and Ludlow Schools. If qualified, students at these schools are eligible to receive free milk daily.

Questions regarding these policies can be directed to Superintendent Josh Page or Business Manager Elizabeth Henderson at 375-3241.



# HARDING COUNTY SCHOOL DISTRICT #31-1

Home of the Ranchers  
Box 367  
Buffalo, SD 57720  
Phone: (605) 375-3241 Fax: (605) 375-3246

**Josh Page, Superintendent**      **Elizabeth Henderson, Business Manager**      **Kelly Messmer, Principal/AD**

Dear Parent/Guardian:

Children can get many nutrients from milk, and helps children be ready to learn. **Harding County School District** offers a federally reimbursed milk break every school day. Milk costs **\$0.15**. **Your children may qualify for free milk.** This packet includes an application for free milk, 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 MILK?

- All children in households receiving benefits SNAP, the Food Distribution Program on Indian Reservations (FDPIR)] or TANF, are eligible for free milk if the school offers a milk program.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free milk.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free milk.
- Children may receive free milk if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free milk if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-18			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,796	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

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 milk, please call or e-mail **Josh Page**, **Phone: 605-375-3241**, **email: josh.page@k12.sd.us**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free Milk 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: **Elizabeth Henderson, Box 367, Buffalo, SD 57720.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MILK? 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

**Elizabeth Henderson, Phone: 605-375-3241, email: Elizabeth.henderson@k12.sd.us** 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 MILK? Children in households participating in WIC or Medicaid may be eligible for free milk. 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 milk 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. You also may ask for a hearing by calling or writing to: **Josh Page, Box 367, Buffalo, SD 57720, Phone: 605-375-3241.**
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 milk.
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 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.
13. 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.
14. 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 milk. 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
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.
16. 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.
17. WHAT IF MY CHILD CANNOT DRINK REGULAR MILK? The school/center will make substitutions to the regular milk 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 for further information to request the special milk.

If you have other questions or need help, call **605-375-3241**.

Sincerely,

**Josh Page**  
**Superintendent**

**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, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# HOW TO APPLY FOR FREE MILK

Please use these instructions to help you fill out the application for free milk. You only need to submit **one** application per household, even if your children attend more than one school in Harding County School District. The application must be filled out completely to certify your children for free milk. 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 **Elizabeth Henderson, Harding County School District, Phone: 605-375-3241**

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 your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Harding County 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 milk:

- 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.



<b>REPORT INCOME EARNED BY CHILDREN</b>		
<ul style="list-style-type: none"> <li>• <b>Report all income earned or received by children.</b> 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.</li> <li>• <b>What is Child Income?</b> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</li> </ul>		
<b>REPORT INCOME EARNED BY ADULTS</b>		
<b>Who should I list here?</b>		
<ul style="list-style-type: none"> <li>• 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></li> <li>• <b>Do NOT include:</b> <ul style="list-style-type: none"> <li>○ People who live with you but are not supported by your household's income AND do not contribute income to your household.</li> <li>○ Infants, Children and students already listed in <b>STEP 1.</b></li> </ul> </li> </ul>		
<b>a) List adult household members' names.</b> 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 <b>STEP 1</b> has income, follow the instructions in <b>STEP 3, part A.</b>	<b>b) Report earnings from work.</b> 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.  <b>What if I am self-employed?</b> 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.	<b>c) Report income from public assistance/child support/alimony.</b> 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.
<b>d) Report income from pensions/retirement/all other income.</b> Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.	<b>e) Report total household size.</b> 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 <b>STEP 1</b> and <b>STEP 3.</b> 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.	<b>f) Provide the last four digits of your Social Security Number.</b> 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."

- 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.

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Write it on the application in the earnings column as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the household income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

E) **Report income from Farming/Pensions/Retirement/All other income.** Include farming in this box for annual income.

G) **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.

H) **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 milk. 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." And 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 milk.



# 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

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

## 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 First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a 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 Household Members listed in STEP 1 here.

Child income	Weekly	Bi-Weekly	2x Month	Monthly
\$				

### 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 (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed Form To: HARDING COUNTY SCHOOLS, BOX 367, BUFEALO, SD 57720

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 signing the form \_\_\_\_\_ Signature of adult \_\_\_\_\_ Today's date \_\_\_\_\_



