Date Withdrew_____ F____R____D____

## 2018-2019 Application for Free and Reduced Price School Meals

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below.** Call **716-627-5011 ext. 231**, if you need help. Additional names may be listed on a separate paper.

**Return Completed Applications to:** **SCS Cafeteria**
**2052 Lakeview Rd**
**Lake View, N.Y. 14085**

1. List all children in your household who attend school:

| Student Name | School | Grade/Teacher | Foster Child | Homeless Migrant, Runaway |
|---|---|---|---|---|
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**
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 income for each source in whole dollars only. If they do not receive income from any other 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 household member | Earnings from work before deductions *Amount / How Often* | Child Support, Alimony *Amount / How Often* | Pensions, Retirement Payments *Amount / How Often* | Other Income, Social Security *Amount / How Often* | No Income |
|---|---|---|---|---|---|
| | $_____ / _____ | $_____ / _____ | $_____ / _____ | $_____ / _____ | ☐ |
| | $_____ / _____ | $_____ / _____ | $_____ / _____ | $_____ / _____ | ☐ |
| | $_____ / _____ | $_____ / _____ | $_____ / _____ | $_____ / _____ | ☐ |
| | $_____ / _____ | $_____ / _____ | $_____ / _____ | $_____ / _____ | ☐ |
| | $_____ / _____ | $_____ / _____ | $_____ / _____ | $_____ / _____ | ☐ |

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __ I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

**Signature:** _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

**DO NOT WRITE BELOW THIS LINE—FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**
**Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
**Signature of Reviewing Official** _____ **Date Notice Sent:** _____

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals complete only one application for your household using the instructions below. Sign the application and return the application to ***SCS Cafeteria***.
If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

**PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

## USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.
We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## DISCRIMINATION COMPLAINTS

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, 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) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

**Authority:** Section 9(b)(1) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1)(A)).

INCOME ELIGIBILITY GUIDELINES
[Effective from July 1, 2018 to June 30, 2019]

| Household size | Federal poverty guidelines | Reduced Price Meals—185% | | | | | Free Meals—130% | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Annual | Annual | Monthly | Twice per month | Every two weeks | Weekly | Annual | Monthly | Twice per month | Every two weeks | Weekly |
| **48 Contiguous States, District of Columbia, Guam, and Territories** | | | | | | | | | | | |
| 1 | 12,140 | 22,459 | 1,872 | 936 | 864 | 432 | 15,782 | 1,316 | 658 | 607 | 304 |
| 2 | 16,460 | 30,451 | 2,538 | 1,269 | 1,172 | 586 | 21,398 | 1,784 | 892 | 823 | 412 |
| 3 | 20,780 | 38,443 | 3,204 | 1,602 | 1,479 | 740 | 27,014 | 2,252 | 1,126 | 1,039 | 520 |
| 4 | 25,100 | 46,435 | 3,870 | 1,935 | 1,786 | 893 | 32,630 | 2,720 | 1,360 | 1,255 | 628 |
| 5 | 29,420 | 54,427 | 4,536 | 2,268 | 2,094 | 1,047 | 38,246 | 3,188 | 1,594 | 1,471 | 736 |
| 6 | 33,740 | 62,419 | 5,202 | 2,601 | 2,401 | 1,201 | 43,862 | 3,656 | 1,828 | 1,687 | 844 |
| 7 | 38,060 | 70,411 | 5,868 | 2,934 | 2,709 | 1,355 | 49,478 | 4,124 | 2,062 | 1,903 | 952 |
| 8 | 42,380 | 78,403 | 6,534 | 3,267 | 3,016 | 1,508 | 55,094 | 4,592 | 2,296 | 2,119 | 1,060 |
| For each add'l family member, add | 4,320 | 7,992 | 666 | 333 | 308 | 154 | 5,616 | 468 | 234 | 216 | 108 |
| **Alaska** | | | | | | | | | | | |
| 1 | 15,180 | 28,083 | 2,341 | 1,171 | 1,081 | 541 | 19,734 | 1,645 | 823 | 759 | 380 |
| 2 | 20,580 | 38,073 | 3,173 | 1,587 | 1,465 | 733 | 26,754 | 2,230 | 1,115 | 1,029 | 515 |
| 3 | 25,980 | 48,063 | 4,006 | 2,003 | 1,849 | 925 | 33,774 | 2,815 | 1,408 | 1,299 | 650 |
| 4 | 31,380 | 58,053 | 4,838 | 2,419 | 2,233 | 1,117 | 40,794 | 3,400 | 1,700 | 1,569 | 785 |
| 5 | 36,780 | 68,043 | 5,671 | 2,836 | 2,618 | 1,309 | 47,814 | 3,985 | 1,993 | 1,839 | 920 |
| 6 | 42,180 | 78,033 | 6,503 | 3,252 | 3,002 | 1,501 | 54,834 | 4,570 | 2,285 | 2,109 | 1,055 |
| 7 | 47,580 | 88,023 | 7,336 | 3,668 | 3,386 | 1,693 | 61,854 | 5,155 | 2,578 | 2,379 | 1,190 |
| 8 | 52,980 | 98,013 | 8,168 | 4,084 | 3,770 | 1,885 | 68,874 | 5,740 | 2,870 | 2,649 | 1,325 |
| For each add'l family member, add | 5,400 | 9,990 | 833 | 417 | 385 | 193 | 7,020 | 585 | 293 | 270 | 135 |
| **Hawaii** | | | | | | | | | | | |
| 1 | 13,960 | 25,826 | 2,153 | 1,077 | 994 | 497 | 18,148 | 1,513 | 757 | 698 | 349 |
| 2 | 18,930 | 35,021 | 2,919 | 1,460 | 1,347 | 674 | 24,609 | 2,051 | 1,026 | 947 | 474 |
| 3 | 23,900 | 44,215 | 3,685 | 1,843 | 1,701 | 851 | 31,070 | 2,590 | 1,295 | 1,195 | 598 |
| 4 | 28,870 | 53,410 | 4,451 | 2,226 | 2,055 | 1,028 | 37,531 | 3,128 | 1,564 | 1,444 | 722 |
| 5 | 33,840 | 62,604 | 5,217 | 2,609 | 2,408 | 1,204 | 43,992 | 3,666 | 1,833 | 1,692 | 846 |
| 6 | 38,810 | 71,799 | 5,984 | 2,992 | 2,762 | 1,381 | 50,453 | 4,205 | 2,103 | 1,941 | 971 |
| 7 | 43,780 | 80,993 | 6,750 | 3,375 | 3,116 | 1,558 | 56,914 | 4,743 | 2,372 | 2,189 | 1,095 |
| 8 | 48,750 | 90,188 | 7,516 | 3,758 | 3,469 | 1,735 | 63,375 | 5,282 | 2,641 | 2,438 | 1,219 |
| For each add'l family member, add | 4,970 | 9,195 | 767 | 384 | 354 | 177 | 6,461 | 539 | 270 | 249 | 125 |

Dated: April 18, 2018.

**Brandon Lipps,**

*Administrator, Food and Nutrition Service.*

[FR Doc. 2018-09679 Filed 5-7-18; 8:45 am]

BILLING CODE 3410-30-P

## DEPARTMENT OF AGRICULTURE

### Natural Resources Conservation Service

**[Docket No. NRCS-2018-0002]**

### Lick Creek Watershed, Russell, Dickenson and Wise Counties, Virginia

**AGENCY:** Natural Resources Conservation Service, USDA.

**ACTION:** Notice of intent to deauthorize federal funding.

**SUMMARY:** Pursuant to the Watershed Protection and Flood Prevention Act of 1954 and the Natural Resources Conservation Service (NRCS) Guidelines, NRCS gives notice of the intent to deauthorize Federal funding for the Lick Creek Watershed project, Russell, Dickenson and Wise Counties, Virginia.

**DATES:** Interested persons are invited to submit comments within 60 days of this notice being published in the **Federal Register**.

**ADDRESSES:** Comments submitted in response to this notice should be sent to John Bricker, VA State Conservationist, 1606 Santa Rosa Road, Suite 209, Richmond, Virginia 23229. Telephone: (804) 287-1691 or email: *Jack.Bricker@va.usda.gov*.

**FOR FURTHER INFORMATION CONTACT:** For specific questions about this notice, please contact Wade Biddix, (804) 287-1675 or *Wade.Biddix@va.usda.gov*.

**SUPPLEMENTARY INFORMATION:** A determination has been made by John Bricker, NRCS State Conservationist in Virginia that the proposed works of improvement for the Lick Creek Watershed project will not be installed. The sponsoring local organizations have concurred in this determination and agree that Federal funding should be deauthorized for the project. Information regarding this determination may be obtained from John Bricker, NRCS State Conservationist in Virginia at the above address and telephone number.

No administrative action on implementation of the proposed deauthorization will be taken until 60 days after the date of this publication in the **Federal Register**.

[Catalog of Federal Domestic Assistance Program No. 10.904, Watershed Protection and Flood Prevention. Executive Order 12372 regarding State and local clearinghouse review of Federal and federally assisted programs and project is applicable]

to respond through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

All comments received in response to this notice, including names and addresses when provided, will become a matter of public record. Comments will be summarized and included in the request for OMB approval of the information collection.

Dated: May 2, 2018.

**Greg Ibach,**

*Under Secretary, Marketing and Regulatory Programs.*

[FR Doc. 2018–09678 Filed 5–7–18; 8:45 am]

**BILLING CODE 3410–02–P**

## DEPARTMENT OF AGRICULTURE

### Food and Nutrition Service

### Child Nutrition Programs: Income Eligibility Guidelines

**AGENCY:** Food and Nutrition Service, USDA.

**ACTION:** Notice.

**SUMMARY:** This notice announces the Department's annual adjustments to the Income Eligibility Guidelines to be used in determining eligibility for free and reduced price meals and free milk for the period from July 1, 2018 through June 30, 2019. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program (and Commodity School Program), School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program and Summer Food Service Program. The annual adjustments are required by section 9 of the Richard B. Russell National School Lunch Act. The guidelines are intended to direct benefits to those children most in need and are revised annually to account for changes in the Consumer Price Index.

**DATES:** *Implementation Date:* July 1, 2018.

**FOR FURTHER INFORMATION CONTACT:** Jessica Saracino, Program Monitoring and Operational Support Division, Child Nutrition Programs, Food and Nutrition Service, United States Department of Agriculture, 3101 Park Center Drive, Suite 628, Alexandria, Virginia 22302.

**SUPPLEMENTARY INFORMATION:** This action is not a rule as defined by the Regulatory Flexibility Act (5 U.S.C. 601–612) and thus is exempt from the provisions of that Act.

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), no recordkeeping or reporting requirements have been included that are subject to approval from the Office of Management and Budget.

This notice has been determined to be not significant and was not reviewed by the Office of Management and Budget in conformance with Executive Order 12866. The affected programs are listed in the Catalog of Federal Domestic Assistance under No. 10.553, No. 10.555, No. 10.556, No. 10.558, and No. 10.559 and are subject to the provisions of Executive Order 12372, which requires intergovernmental consultation with State and local officials. (See 2 CFR part 415).

#### Background

Pursuant to sections 9(b)(1) and 17(c)(4) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1) and 42 U.S.C. 1766(c)(4)), and sections 3(a)(6) and 4(e)(1)(A) of the Child Nutrition Act of 1966 (42 U.S.C. 1772(a)(6) and 1773(e)(1)(A)), the Department annually issues the Income Eligibility Guidelines for free and reduced price meals for the National School Lunch Program (7 CFR part 210), the Commodity School Program (7 CFR part 210), School Breakfast Program (7 CFR part 220), Summer Food Service Program (7 CFR part 225) and Child and Adult Care Food Program (7 CFR part 226) and the guidelines for free milk in the Special Milk Program for Children (7 CFR part 215).

These eligibility guidelines are based on the Federal income poverty guidelines and are stated by household size. The guidelines are used to determine eligibility for free and reduced price meals and free milk in accordance with applicable program rules.

#### Definition of Income

In accordance with the Department's policy as provided in the Food and Nutrition Service publication Eligibility Manual for School Meals, "income," as the term is used in this notice, means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child's meal.

"Income", as the term is used in this notice, does *not* include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition. Furthermore, the value of meals or milk to children shall not be considered as income to their households for other benefit programs in accordance with the prohibitions in section 12(e) of the Richard B. Russell National School Lunch Act and section 11(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1760(e) and 1780(b)).

#### The Income Eligibility Guidelines

The following are the Income Eligibility Guidelines to be effective from July 1, 2018 through June 30, 2019. The Department's guidelines for free meals and milk and reduced price meals were obtained by multiplying the year 2018 Federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar.

This notice displays only the annual Federal poverty guidelines issued by the Department of Health and Human Services because the monthly and weekly Federal poverty guidelines are not used to determine the Income Eligibility Guidelines. The chart details the free and reduced price eligibility criteria for monthly income, income received twice monthly (24 payments per year); income received every two weeks (26 payments per year) and weekly income.

Income calculations are made based on the following formulas: Monthly income is calculated by dividing the annual income by 12; twice monthly income is computed by dividing annual income by 24; income received every two weeks is calculated by dividing annual income by 26; and weekly income is computed by dividing annual income by 52. All numbers are rounded upward to the next whole dollar.

The numbers reflected in this notice for a family of four in the 48 contiguous States, the District of Columbia, Guam and the territories represent an increase of 2.0 percent over last year's level for a family of the same size.