

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **[Sangre De Cristo School District RE-22J]** offers healthy meals every school day. Breakfast costs **[\$2.20]**; lunch costs **[\$3.43]**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **[\$1.90]** for breakfast and **[\$3.03]** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
5	\$67,673	\$5,640	\$1,302
6	\$77,626	\$6,469	\$1,493
7	\$87,579	\$7,299	\$1,685
8	\$97,532	\$8,128	\$1,876
Each additional person:	\$9,953	\$830	\$192

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 **[Sangre De Cristo School District RE-22J, Kelly Crews, 719-378-2321, Ext. 187, kcrews@sangreschools.org]**.
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: **[DeAnna Brown, 719-378-2321, Ext. 101, dbrown@sangreschools.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 **[DeAnna Brown, 719-378-2321, Ext. 101, dbrown@sangreschools.org]** immediately.

5. CAN I APPLY ONLINE? No, we are not set up with online applications yet.
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 30 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: **[DeAnna Brown, 719-378-2321, Ext. 101, dbrown@sangreschools.org]**.
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. Contact **[DeAnna Brown, 719-378-2321, Ext. 101, dbrown@sangreschools.org]** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[State SNAP]** or other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, call **[DeAnna Brown, 719-378-2321, Ext. 101, dbrown@sangreschools.org]**.

Sincerely,

[Jennifer Boatright, Bookkeeper]

**APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:**

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

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.

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

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not filing, 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 no income to report.

**Please see application's back
for list of income sources.**

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.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 this information. I understand that this information may be used for other purposes, and that I may be prosecuted under applicable State and Federal laws."

Return completed form to your child's school

SOURCES AND EXAMPLES OF INCOME

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

Sources of Income		Examples of Income for Children
Earnings from Work - Salary, wages, cash bonuses, tips, commissions - Net income from self-employment (farm or business)	Public Assistance/Alimony/Child Support - Unemployment benefits - Workers' compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - Strike benefits	A child has a regular full or part-time job where they earn a salary or wages
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	Pensions/Retirement/All other sources of income - 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	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money - A child receives regular income from a private pension fund, annuity, or trust

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 not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often? ☐ Weekly ☐ Every 2 Weeks ☐ 2x/Month ☐ Monthly ☐ Annual

Household size

Categorical Eligibility ☐

Eligibility ☐ Free ☐ Reduced ☐ Denied

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date

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/ad-3027.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:

*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.

Return completed form to your child's school.

This institution is an equal opportunity provider.

Notices

Federal Register

Vol. 89, No. 34

Tuesday, February 20, 2024

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

[Docket No. APHIS–2022–0015]

Notice of Availability of Final Environmental Assessment and Finding of No Significant Impact for Release of *Psyllaephagus euphyllurae* for Biological Control of Olive Psyllid in the Contiguous United States

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Notice of availability.

SUMMARY: We are advising the public that we have prepared a final environmental assessment and finding of no significant impact relative to permitting the release of the insect *Psyllaephagus euphyllurae* for biological control of olive psyllid (*Euphyllura olivina*) in the contiguous United States. Based on our finding of no significant impact, we have determined that an environmental impact statement need not be prepared.

FOR FURTHER INFORMATION CONTACT: Dr. Robert S. Pfannenstiel, Ph.D., Senior Entomologist, Biological Control, Pests, Pathogens and Biocontrol Permitting, Plant Health Programs, PPQ, APHIS, 4700 River Road, Unit 133, Riverdale, MD 20737–1231; (301) 851–2198; email: bob.pfannenstiel@usda.gov.

SUPPLEMENTARY INFORMATION: The Animal and Plant Health Inspection Service (APHIS) is issuing permits for the release of the insect *Psyllaephagus euphyllurae* in the contiguous United States for the biological control of olive psyllid (*Euphyllura olivina*).

The olive psyllid is native to southern Europe. It was first detected in North America in 2007. By the time this psyllid was found on olives in southern California, it was widespread in the region. This pest feeds exclusively on the flower blossoms and growing tissue

of olives, causing reductions in fruit set, with reductions in fruit yield as high as 60 percent reported in some parts of the Mediterranean Basin.

Permitting the release of *P. euphyllurae* is necessary to reduce the severity of damage to olives from infestations of olive psyllid. *P. euphyllurae* is a small, stingless parasitoid wasp specific only to olive psyllid. The adult wasp lays an egg inside the olive psyllid. The egg hatches and consumes the olive psyllid host. The *P. euphyllurae* then goes into prolonged dormancy as a preadult in the host mummy's remains until the following spring. The wasp poses no risk to humans, livestock, or wildlife.

On March 31, 2022, we published in the Federal Register (87 FR 18764, Docket No. 2022–0015) a notice¹ in which we announced the availability, for public review and comment, of an environmental assessment (EA) that examined the potential environmental impacts associated with the release of *P. euphyllurae* (Hymenoptera: Encyrtidae) in the contiguous United States for the biological control of olive psyllid (*Euphyllura olivina*, Hemiptera: Liviidae). Comments on the notice were required to be received on or before May 2, 2022. We received one comment on the EA by that date. It was in favor of the environmental release of *P. euphyllurae*.

In this document, we are advising the public of our finding of no significant impact (FONSI) regarding the field release of the insect, *P. euphyllurae*, for biological control of olive psyllid in the contiguous United States. Our finding, which is based on the EA, reflects our determination that release of *P. euphyllurae* for the biological control of olive psyllid in the contiguous United States will not have a significant impact on the quality of the human environment. Based on this finding, we have issued a permit for the release of *P. euphyllurae* for the biological control of olive psyllid in the contiguous United States.

The final EA and FONSI may be viewed on the [Regulations.gov](https://www.regulations.gov) website (see footnote 1). Copies of the final EA and FONSI are also available for public inspection at 1620 of the USDA South

¹ To view the notice, supporting documents, and the comment we received, go to <http://www.regulations.gov> and enter APHIS–2022–0015 in the Search field.

Building, 14th Street and Independence Avenue SW, Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. Persons wishing to inspect copies are requested to call ahead on (202) 799–7039 to facilitate entry into the reading room. In addition, copies may be obtained by calling or writing to the individual listed under **FOR FURTHER INFORMATION CONTACT**.

The final EA and FONSI have been prepared in accordance with: (1) The National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq.*); (2) regulations of the Council on Environmental Quality for implementing the procedural provisions of NEPA (40 CFR parts 1500–1508); (3) U.S. Department of Agriculture regulations implementing NEPA (7 CFR part 1b); and (4) APHIS' NEPA Implementing Procedures (7 CFR part 372).

Done in Washington, DC, this 6th day of February 2024.

Michael Watson,
Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 2024–03378 Filed 2–16–24; 8:45 am]

BILLING CODE 3410–34–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, free milk, and Summer Electronic Benefit Transfer benefits for the period from July 1, 2024 through June 30, 2025. 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. Beginning in 2024, they will also be used by States and Indian Tribal Organizations that administer the Summer Electronic Benefits Transfer for

Children 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: Applicable July 1, 2024.

FOR FURTHER INFORMATION CONTACT:

Penny Burke, Program Monitoring and Operational Support Division, Child Nutrition Programs, Food and Nutrition Service, United States Department of Agriculture, 1320 Braddock Place, Suite 401, Alexandria, Virginia 22314, 303–844–0357.

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 Assistance Listings (<https://sam.gov/>) 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), 13A(h)(2), and 17(c)(4) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1), 42 U.S.C. 1762(h)(2), 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), Child and Adult Care Food Program (7 CFR part 226), free milk in the Special Milk Program for Children (7 CFR part 215), and program benefits in the Summer EBT Program (7 CFR part 292). 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, free milk, and Summer EBT benefits 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, milk, or EBT benefits 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, 2024 through June 30, 2025. The Department's guidelines for free meals and milk and reduced price meals were obtained by multiplying the year 2024 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 4.0 percent over last year's level for a family of the same size.

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, 2024 to June 30, 2025]

Household size	Federal poverty guidelines	Reduced price meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
	Annual										
48 Contiguous States, District of Columbia, Guam, and Territories											
1	15,060	27,861	2,322	1,161	1,072	536	19,578	1,632	816	753	377
2	20,440	37,814	3,152	1,576	1,455	728	26,572	2,215	1,108	1,022	511
3	25,820	47,767	3,981	1,991	1,838	919	33,566	2,798	1,399	1,291	646

INCOME ELIGIBILITY GUIDELINES—Continued

[Effective from July 1, 2024 to June 30, 2025]

Household size	Federal poverty guidelines	Reduced price meals—185%					Free meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
4	31,200	57,720	4,810	2,405	2,220	1,110	40,560	3,380	1,690	1,560	780
5	36,580	67,673	5,640	2,820	2,603	1,302	47,554	3,963	1,982	1,829	915
6	41,960	77,626	6,469	3,235	2,986	1,493	54,548	4,546	2,273	2,098	1,049
7	47,340	87,579	7,299	3,650	3,369	1,685	61,542	5,129	2,565	2,367	1,184
8	52,720	97,532	8,128	4,064	3,752	1,876	68,536	5,712	2,856	2,636	1,318
For each add'l family member, add	5,380	9,953	830	415	383	192	6,994	583	292	269	135

Alaska

1	18,810	2,900	1,450	1,339	670	24,453	2,038	1,019	941	471	
2	25,540	47,249	3,938	1,969	1,818	909	33,202	2,767	1,384	1,277	639
3	32,270	59,700	4,975	2,488	2,297	1,149	41,951	3,496	1,748	1,614	807
4	39,000	72,150	6,013	3,007	2,775	1,388	50,700	4,225	2,113	1,950	975
5	45,730	84,601	7,051	3,526	3,254	1,627	59,449	4,955	2,478	2,287	1,144
6	52,460	97,051	8,088	4,044	3,733	1,867	68,198	5,684	2,842	2,623	1,312
7	59,190	109,502	9,126	4,563	4,212	2,106	76,947	6,413	3,207	2,960	1,480
8	65,920	121,952	10,163	5,082	4,691	2,346	83,711	6,911	3,456	3,180	1,590
For each add'l family member, add	6,730	12,451	1,038	519	479	240	8,749	730	365	337	169

Hawaii

1	17,310	32,024	2,669	1,335	1,232	616	22,503	1,876	938	866	433
2	23,500	43,475	3,623	1,812	1,673	837	30,550	2,546	1,273	1,175	588
3	29,690	54,927	4,578	2,289	2,113	1,057	38,597	3,217	1,609	1,485	743
4	35,880	66,378	5,532	2,766	2,553	1,277	46,644	3,887	1,944	1,794	897
5	42,070	77,830	6,486	3,243	2,994	1,497	54,691	4,558	2,279	2,104	1,052
6	48,260	89,281	7,441	3,721	3,434	1,717	62,738	5,229	2,615	2,413	1,207
7	54,450	100,733	8,395	4,198	3,875	1,938	70,785	5,899	2,950	2,723	1,362
8	60,640	112,184	9,349	4,675	4,315	2,158	78,832	6,570	3,285	3,032	1,516
For each add'l family member, add	6,190	11,452	955	478	441	221	8,047	671	336	310	155

Cynthia Long,

Administrator, Food and Nutrition Service.

[FR Doc. 2024-03355 Filed 2-16-24; 8:45 am]

BILLING CODE 3410-30-P

DEPARTMENT OF AGRICULTURE

Forest Service

Pacific Northwest National Scenic Trail Advisory Council

AGENCY: Forest Service, Agriculture (USDA).

ACTION: Notice of meeting.

SUMMARY: The Pacific Northwest National Scenic Trail Advisory Council will hold public meetings according to the details shown below. The Council is authorized under the National Trails System Act (the Act) and operates in compliance with the Federal Advisory Committee Act (FACA). The purpose of the Council is to advise and make recommendations to the Secretary of Agriculture, through the Chief of the Forest Service, on matters relating to the Pacific Northwest National Scenic Trail (PNT) as described in the Act.

DATES: A virtual meeting will be held March 5, 2024, 10:00 a.m.–2:00 p.m., Pacific Standard Time (PST).

Written and Oral Comments: Anyone wishing to provide virtual oral comments must pre-register by 11:59 p.m. PST on February 27, 2024. Written public comments will be accepted up to 11:59 p.m. PST on February 27, 2024. Comments submitted after this date will be provided to the Forest Service, but the Council may not have adequate time to consider those comments prior to the meeting.

All council meetings are subject to cancellation. For status of the meeting prior to attendance, please contact the person listed under **FOR FURTHER INFORMATION CONTACT**.

ADDRESSES: This meeting will be held virtually. The public may join virtually via the Zoom app or the internet using the link posted on the PNT Advisory Council Meetings web page: <https://www.fs.usda.gov/detail/pnt/working-together/advisory-committees/?cid=fseprd505622>. Council information and meeting details can be found at the following website: <https://www.fs.usda.gov/detail/pnt/working-together/advisory-committees/?cid=fseprd505622> or by contacting the

person listed under **FOR FURTHER INFORMATION CONTACT**.

Written Comments: Written comments must be sent by email to jeffrey.kitchens@usda.gov or via mail (i.e., postmarked) to Jeff Kitchens, 63095 Deschutes Market Road, Bend, Oregon 97701. The Forest Service strongly prefers comments be submitted electronically.

Oral Comments: Persons or organizations wishing to make oral comments must pre-register by 11:59 p.m. PST, February 27, 2024, and speakers can only register for one speaking slot. Oral comments must be sent by email to jeffrey.kitchens@usda.gov or via mail (i.e., postmarked) to Jeff Kitchens, 63095 Deschutes Market Road, Bend, Oregon 97701.

FOR FURTHER INFORMATION CONTACT: Jeff Kitchens, Designated Federal Officer (DFO), by email at jeffrey.kitchens@usda.gov or phone at (458) 899-6185.

SUPPLEMENTARY INFORMATION: The purpose of the meeting is to:

1. Approve meeting minutes;
2. Discuss implementation of the comprehensive plan for the PNT; and
3. Discuss and identify future PNT Advisory Council activity.

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the [Insert School District]**.

The application must be filled out completely to determine the eligibility of 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 [Insert school/school district contact here; phone and email preferred].

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 age 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 (regardless of age) [school/school system here].

A) List each child's name. 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 (or a second application if completing electronically) 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.	B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.	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. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> 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.	D) Are any children homeless, migrant, or runaway? 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 <u>complete all steps of the application.</u> 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 an income-based application. <u>You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</u>
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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) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in **Step 2** 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 provide one case number. If you participate in one of these programs and do not know your case number, contact: [Insert State/local agency contacts here].
- Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "**Sources of Income**" & "**Examples of Income for Children**," 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**.

Step 3: List ALL household members and income for each member

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 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. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

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.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

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 statements on the back of the application.

A) 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.

B) 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."

C) Mail completed application to:

Insert
School/District
address here

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.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.