Cozad Community Schools

Home of the Haymakers

Dan Endorf, Superintendent of Schools
Corey Fisher, High School Principal
Josh Asche, Middle School Principal
Justin Dowdy, Elementary/CEEC Principal

Jeremy Yilk, Activities Director
Patty Wolfe, Director of Technology
Taylor Jenner, Dir. of Teaching & Learning/Elem. A.P
Jackie Anderson and Teressa Schneider, SPED Directors

7/15/2026

Dear Parent/Guardian:

Children need healthy meals to learn. Cozad Community Schools offer healthy meals every school day. Breakfast costs **$1.85 for PK-5th, $2.10 for 6th-12th**; lunch costs **$3.20 for PK-5th, $3.40 for 6th-12th. Your children may qualify for free or reduced-price meals.** In accordance with the Nebraska Hunger-Free Schools Act, reduced price breakfast and lunch are $0 for school year 2026-2027. If your child(ren) qualified for free or reduced-price meals at the end of last school year, you must submit a new application by **September 24, 2026** to avoid an interruption in meal benefits.

This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **Who can get free or reduced-price meals?**
   - All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals.
   - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.
2. **How do I know if my children qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Sera Shoemaker, Homeless Liaison, 308-784-3462, sera.shoemaker@cozadschools.net.
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: Cozad Community Schools, 1710 Meridian Avenue, Cozad, NE 69130
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 Karmen Morse, 308-784-2745 immediately.
5. **Can I apply online?** You are encouraged to complete an online application instead of a paper application if your school district makes this option available. The online application has the same requirements and will ask you for the same information as the paper application. Visit https://foodservice.edutrak.com/to begin or to learn more about the online application process. Contact Karmen Morse, 1710 Meridian Avenue, Cozad, NE 69130, karmen.morse@cozadschools.net if you have any questions about the online application.

6. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school, or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

8. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.

9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Dr. Dan Endorf, Superintendent, 1710 Meridian Avenue, Cozad, NE 69130, 308-784-2745.

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 any of the school offices 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 SNAP or other assistance benefits, please go online to ACCESSNebraska.ne.gov or call 1-800-383-4278.

If you have other questions or need help, call Karmen Morse at the District Office at 308-784-2745.

Sincerely,

Dr. Dan Endorf

Dr. Dan Endorf, Superintendent

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

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

- **Part 1:** List each child's name, the school they attend, and their grade.
- **Part 2:** Enter the household's Master Case Number if the household qualifies for SNAP, TANF or FDPIR.
- **Part 3:** Skip Part 3.
- **Part 4:** Complete Part 4. An adult must sign the form.
- **Part 5:** Part 5 is optional and does not affect your children's eligibility for free or reduced-price meals.

For households with foster, homeless, migrant or runaway children

If all children in the household are foster children:

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

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

- **Part 1:** List all children, the school they attend, and their grade. Check the appropriate box.
- **Part 2:** If the household does not have a Master Case Number, skip Part 2.
- **Part 3:** Follow the following instructions to report total household income from the previous month.

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

    - **Column 2: Gross Income and How Often it was Received:**
        - Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments. If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.

        - **Earnings from Work includes the following:**
            - Salary, wages, cash bonuses
            - Net income from self-employment (farm or business)
            - If you are in the U.S. Military, include:
                - Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental
                - Allowance (FSSA) payments or privatized housing allowances)
                - Allowances for off-base housing, food and clothing

        - **Public Assistance/Child Support/Alimony** includes the following:
            - Unemployment benefits, Worker's compensation
            - Supplemental Security Income (SSI), Cash assistance from state or local government
            - Veteran's benefits (VA benefits), Strike benefits
            - Child support payments, Alimony payments

        - Pensions/Retirement/All Other Income includes the following:
            - Social Security payments
            - Private pensions or Disability benefits
            - Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income
            - Regular cash payments received from outside the household

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

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

- **Part 4:** Complete this part. An adult must sign the form.
- **Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

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

For ALL other households

- **Part 1:** List all children, the school they attend and their grade.
- **Part 2:** If the household does not have a Master Case Number, skip this part.
- **Part 3:** Follow these instructions to report total household income from last month.
    - **Column 1 – Household Members:**
        - List the first and last name of each person living in your household, related or not (such as grandparents, other relatives or friends) who share income and expenses. Attach another sheet of paper if necessary.
    - **Column 2 - Gross Income and How Often it was Received:**
        - Gross income is the amount earned before taxes and other deductions; it is not your take-home pay. For each household member, list each type of income received for the month. You must also report how often the money is received – weekly, every other week, twice a month, or monthly. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster care payments. If you have no income, write "0" or leave the income field blank. By doing this, you are certifying there is no income to report.
        - <u>Earnings from Work includes the following:</u>
            - Salary, wages, cash bonuses
            - Net income from self-employment (farm or business)
            - If you are in the U.S. Military, include:
                - Basic pay and cash bonuses (do not include combat pay, Family Subsistence Supplemental
                - Allowance (FSSA) payments or privatized housing allowances)
                - Allowances for off-base housing, food and clothing
        - <u>Public Assistance/Child Support/Alimony includes the following:</u>
            - Unemployment benefits, Worker's compensation
            - Supplemental Security Income (SSI), Cash assistance from state or local government
            - Veteran's benefits (VA benefits), Strike benefits
            - Child support payments, Alimony payments
        - <u>Pensions/Retirement/All Other Income includes the following:</u>
            - Social Security payments (including railroad retirement and black lung benefits)
            - Private pensions or Disability benefits
            - Regular income from trusts or estates, Annuities, Investment income, Earned interest, Rental income
            - Regular cash payments received from outside the household.
    - **Household Size:**
        - Enter the total number of people in your household.
    - **Social Security Number:**
        - The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box to the right labeled "Check if no SSN."
- **Part 4:** Complete this part. An adult must sign the form.
- **Part 5:** This part is optional and does not affect your children's eligibility for free or reduced price meals. If you do not select race or ethnicity, one may be selected based on visual observation.

Free & Reduced Price School Meals Family Application – complete one application per household Attachment C: 2026-27

Return Completed Application to: ***(Insert School Name & Mailing Address here)***

Part 1: Children in School

List names of all children in school (**First, Middle Initial, Last**). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child	Homeless, Migrant, Runaway
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

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

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

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

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

Total Number of Household Members: (Children and Adults) _____

Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _ _ _ _ Check if no SSN ❑

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

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: Print name: Date:

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

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

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

❑Hispanic or Latino
❑Not Hispanic or Latino

❑Asian
❑White
❑Black or African American
❑American Indian or Alaskan Native
❑Native Hawaiian or other Pacific Islander

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

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

Total Household Size: _____

Total Income: _____ per
❑Year ❑Month ❑2 X Mo ❑Every 2 Wks ❑Week

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

Signature of Determining Official: Date Approved:

FOR THE VERIFICATION PROCESS ONLY:

Signature of Confirming Official: Date Confirmed:

Signature of Verifying Official: Date Verified:

Date Withdrawn From School:

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

FEDERAL INCOME CHART for School Year 2026-27					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Each additional person:	10,508	876	438	405	203

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

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf or a paper copy available at all school secretarial office. How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail:
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Mail Stop 9410
Washington, D.C. 20250-9410

Fax:
(202) 690-7442

Email: program.intake@usda.gov
USDA is an equal opportunity provider, employer, and lender.

Computing Income for Self-Employed Individuals

Individuals who are self-employed or engaged in farming may experience variations in cash flow and cannot easily report a monthly income. These individuals can use their 2025 U.S. Individual Income Tax Return Form 1040 to report self-employment income for the free and reduced-price meal application. The income to report is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home mortgages, medical expenses and other similar non-business items are not allowed in reducing gross business income.

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

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

Important Reminders from the U.S. Individual Income Tax Return Form 1040:
Line 1 cannot be used to report current income. Income from wages or salaries must be reported on the application for the most recent month.

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

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

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

Line 7 Capital Gain or (loss) _____

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

Line 3 Business Income or (loss) _____

Line 4 Other Gains or (losses) _____

Line 5 Rental Real Estate, etc. _____

Line 6 Farm Income or (loss) _____

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

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

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

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