

2010-2011 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. Spotsylvania County Public Schools offer nutritious meals every school day. A student may buy **breakfast for \$1.15 Elementary; \$1.50 Secondary, lunch for \$2.25 Elementary; \$2.35 Secondary**. Meals are also available free or at a reduced price for eligible students. All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please get in touch with us for further information.

Children who are members of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or who receive Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court **may** also be eligible for benefits regardless of the income of the household with whom they reside. Eligibility for the foster child is based on the child's personal use income. Children who are members of households participating in WIC **may** also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, your child(ren) **may** get free meals **or** your child(ren) may get reduced price meals for **30 cents for breakfast** and **40 cents for lunch**. **Your child(ren)'s application from last school year is only good for the first few days of this school year. YOU MUST SEND IN A NEW FAMILY APPLICATION FOR THIS SCHOOL YEAR.**

HOW TO APPLY

Households that are receiving SNAP or TANF for their children **may not** have to fill out an application. School officials will notify you of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by August 13, 2010), you must submit an application. The application must contain the child's name, the SNAP or TANF number, and the signature of an adult household member.**

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to any school within the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all household members, the amount of income each person received last month, and how often the income is received. An adult household member **must sign the application** and include his/her social security number. If the person does not have a social security number, check the box provided. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

If you are applying for a foster child, who is the legal responsibility of the courts, the application must have the child's name, the child's "personal use" income or an indication there is none, and the signature of an adult household member. **Fill out a separate application for each foster child.**

An application that is not complete cannot be approved. An application that is not signed is not complete.

FEDERAL INCOME GUIDELINES: Your child(ren) may be eligible for free meals or meals at a reduced price if your household income is within the limits on the Federal Income Eligibility Guidelines.

OTHER BENEFITS: Your child(ren) **may** be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with the school nutrition office. You also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Name: Dr. James Meyer, Assistant Superintendent – Administration Phone: 540-834-2500

Address: 8020 River Stone Drive, Fredericksburg, Virginia 22407

REAPPLICATION: You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD(REN) ATTENDS OR THE SCHOOL FOOD SERVICE OFFICE.

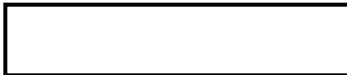
You will be notified in writing when your child(ren)'s application is approved or denied.

Sincerely,

Name: Linda M. McGee, Food Service Supervisor Telephone #: 540-582-7583

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SCS – 2010-2011 SCHOOL YEAR FREE AND REDUCED PRICE MEAL APPLICATION
COMPLETE ONE APPLICATION PER HOUSEHOLD



Complete sign, and return the application to any school in the division. Please read the instructions on the back of this form. Call the School Food Service Office if you need help completing the form

DO NOT WRITE BELOW THIS LINE – SCHOOL DIVISION USE ONLY – *Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported:* Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

DENIED <input type="checkbox"/> Income over allowed limit <input type="checkbox"/> Incomplete/missing info.	APPROVED: <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> TEMPORARY FREE Expires: _____
---	---

Part 1. List ALL children in school. EXCEPTION: use a separate application for EACH Foster Child.

#	LEGAL LAST NAME	LEGAL FIRST NAME	M.I.	SCHOOL	GRADE	STUDENT ID # (if applicable)	LIST SNAP or TANF CASE NUMBER (if applicable)
1						_____	
2						_____	
3						_____	
4						_____	
5						_____	

Part 2. If the child you are applying for is **homeless, migrant, or a runaway**, check the appropriate box and **call your school to talk to the homeless liaison or migrant coordinator. Complete Parts 1, 4, 5, 6, 7.**

- Homeless Migrant Runaway

Part 3. If this is a **FOSTER CHILD**, who is the legal responsibility of the courts, **check here** and write the child's monthly "personal use" income here: \$ _____. Write "0" if the child has no personal use income. **DO NOT complete Part 4. Go to Part 5.**

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 3 or if you did not list a SNAP or TANF case number in Part 1.) **List gross income before any deductions and tell us how often it was received.**

Names of all Household Members <small>List all household members, including the child(ren) listed above. Do Not Complete if this is a Foster Child, or if you listed a SNAP or TANF case number in Part 1.</small>	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly					
		<small>Earnings from Work Before Deductions, Wages, Salaries, and Tips, or Strike Benefits, Unemployment Benefits, Worker's Compensation or Earnings from Self-owned Business.</small>		<small>Welfare, Child Support, Alimony</small>	<small>Pensions, Retirement, Social Security</small>	<small>All Other Income (See Back of Form)</small>	<small>Check if No Income</small>
		<small>Job 1</small>	<small>Job 2</small>	<small>\$ Amount / How Often</small>	<small>\$ Amount / How Often</small>	<small>\$ Amount / How Often</small>	<small>\$ Amount / How Often</small>
1		/	/	/	/	/	<input type="checkbox"/>
2		/	/	/	/	/	<input type="checkbox"/>
3		/	/	/	/	/	<input type="checkbox"/>
4		/	/	/	/	/	<input type="checkbox"/>
5		/	/	/	/	/	<input type="checkbox"/>
6		/	/	/	/	/	<input type="checkbox"/>
7		/	/	/	/	/	<input type="checkbox"/>
8		/	/	/	/	/	<input type="checkbox"/>

Part 5. RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please mark one or more of the following racial identities:

- American Indian / Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

ETHNIC IDENTITIES: Please mark one of the following ethnic identities: Hispanic or Latino Not Hispanic or Latino

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

No, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b. Others: Your permission is required for the school to use this information for other benefits. **YES,** I give permission for the information provided on this application to be used only for the program(s) checked. I understand that I give up rights to confidentiality for this specific purpose only.

- Lions' Club Eyeglasses_ Advance Placement Waiver Summer School Tuition Waiver/Reduction Salvation Army Shoe Fund

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide a social security number before it can be approved. (See Privacy Act Statement on back.)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this is information being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

□□□□-□□-□□□□

I Do Not Have A Social Security Number

Social Security # of Adult Signing Application

SIGN HERE
 Signature of Adult Household Member

Date _____

Mailing Address: _____ Home Phone: _____ Work Phone: _____

VERIFICATION SUMMARY: Date Selected: _____ Date Response Due: _____ Date Confirmed: _____ Date of 2 nd Notice: _____ Confirmers Initials: _____ Date Results Notice Sent: _____	Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Paid	Reason for Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Change in SNAP / TANF	Date Completed: _____ Verifying Official's Signature: _____
--	---	---	--

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete **one application for ALL children in the household who are in school** using the following instructions. **Sign the application** and return the application to any school in the school division or the school nutrition office. Call the school nutrition office if you need help.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the names of all children in the household who are in school.
2. List the grade, the school and the student's school ID# for each child.
3. List a current Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF case number for each child. This number is in your approval letter. **If you list a SNAP or TANF number you do not need to list names of household members or income. No social security number is needed if a SNAP/TANF case number is provided. These households should SKIP Part 4 and COMPLETE Parts 5, 6, & 7.**
4. **All households must sign the application in Part 7.** Income households must provide the social security # of the adult signing or check the box if they do not have one.

PART 2 - Check the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PARTS 5, 6, & 7. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. **Skip Part 4.** Do not list any other children, household members, or income.
2. A foster parent or other official representing the child must sign the application in Part 7. No social security number is required. Use a separate application for each foster child.

PART 4- ALL OTHER HOUSEHOLDS WITHOUT A SNAP OR TANF NUMBER IN PART 1, including WIC households, or who did not complete Part 3, MUST COMPLETE PARTS 4, 5, 6 & 7.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, all children who are in school, 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 income each household member got **last month**, before taxes or anything else is taken out, **and** how often it was received. For example, list the gross income each person earned from work. The amount should be listed on your pay stub. **This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount write how often the person received it.** If any amount **last month** was more or less than usual, write that person's usual income.
3. An adult household member must sign the application in Part 7 and give his/her social security number or check the box if they don't have one.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

Names of all Household Members List all household members, including the child(ren) listed above. Do Not Complete if this is a Foster Child, or if you listed a SNAP or TANF case number in Part 1.	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: (W) = Weekly (E) or (2W) = Every 2 Weeks (T) or (2M) = Twice a Month (M) = Monthly (Y) = Yearly						Check if No Income
		<u>Earnings from Work</u> Before Deductions, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation or Net Income from Self-Owned Business or Farm.		<u>Welfare, Child Support, Alimony</u> Payments, Welfare Payments, Alimony/Child Support Payments	<u>Pensions, Retirement, Social Security</u> Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	<u>All Other Income</u> Disability Benefits, Cash Withdrawn from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income		
		Job 1	Job 2					
(Example) <i>Jane Smith</i>	42	\$200 / W (Weekly)	\$100 / E (Every 2 Weeks)	\$150 / M (Monthly)	\$100 / M (Monthl;y)	\$50 / T (Twice per Mo.)	<input type="checkbox"/>	

PART 5 - RACIAL/ETHNIC IDENTITY:

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

PART 6 and 6b – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 6 on the application. To obtain meal benefits, you are not required to complete this section.

PART 7 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 7.

1. SIGN HERE. The application must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, they must check the box I Do Not Have A Social Security Number. If you listed a SNAP or TANF number for each child, or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's SNAP or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal and state laws, and local education, health, and nutrition programs.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.