**FREE AND REDUCED PRICE MEALS FAMILY APPLICATION INSTRUCTIONS – 2019-2020 SCHOOL YEAR**

**DEAR PARENT OR GUARDIAN:**

The School Board of SANTA ROSA COUNTY takes part in the National School Lunch and Breakfast Programs. Healthy meals are served every school day. Students may buy lunch for $2.60 in elementary school or $2.85 in middle/high school, and/or breakfast for $1.05 in elementary middle and high schools. Eligible students may receive meals free or at a reduced price of $0.40 for lunch and/or $0.30 for breakfast for both elementary and middle/high schools. You or your child (ren) do not have to be a U.S. Citizen to qualify for free and reduced price meals.

**HOW TO FILL OUT THIS APPLICATION- PLEASE PRINT NEATLY WITH BLACK INK. USE CAPTIAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD**

**PART 1:** Foster children will receive free benefits regardless of the child’s personal income or the income of the household where they reside and may be included as a member of the foster family if the foster family chooses to also apply for benefits. If the foster family is not eligible for free or reduced-price meals, it does not prevent a foster child from receiving free meal benefits. If you have foster children living with you and wish to apply for such meals for them, please contact your school. Enter the enrolled students first name, middle initial, last name and date of birth. If the child does not have any income mark the "No Income" check box.

**PART 2:** If you believe the child for whom you are applying is homeless, migrant, or a runaway, call your school homeless liaison or migrant coordinator Dr. Karen Barber at 983-5001, and place an X in the appropriate box.

**PART 3:** If any member of your household receives SNAP or TANF assistance, please enter the name and case number for one of them. Skip parts 4 and 7.

**PART 4:** Enter the names of ALL OTHER people living in your household who are not listed above. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. Households with deployed service members should include their name and the income made available to the household. DO NOT include the names of the students listed in Part 3. If the individual has no income, you must put an X in the box indicating No Income next to the individual’s name. Enter the Income BEFORE DEDUCTIONS in the appropriate column. Also list HOW OFTEN INCOME IS RECEIVED. W=Weekly, E=Every Two Weeks, T=Twice a Month, M=Monthly. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions.

The amount should be listed on your pay stub, or your employer can tell you. If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

**PART 5:** Enter the total number of people living in your household from parts 1 and 4. If a student has been listed in both Part 1 and Part 4, count him/her only once.

**PART 6:** Adult filling out the form certifies that all information on this application is true and that all income is reported. SIGN and PRINT the name of the adult completing the application. Enter the date signed.

**PART 7:** Enter the last 4 digits of Social Security Number of the adult household member completing the application. If the adult household member does not have a Social Security Number, place an X in the box provided.

**PART 8: (Optional)** Put an X indicating the student's race/ethnic origin in the boxes provided. You are not required to answer this question. Please check all categories that apply to the racial identity of your children. No child will be discriminated against because of race, color, sex, national origin, age, or disability.

**PART 9: (Optional) -** Sign in the box provided if you consent to share the information provided in this application with other programs to determine what additional benefits in other programs your child (ren) may qualify for.

**INCOMPLETE, UNREADABLE, OR INCORRECT APPLICATIONS WILL NOT BE APPROVED.**

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**HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.**

**INCOME TO REPORT**

**NOTICE:** If you currently receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),

Food Stamps/SNAP, or TANF your enrolled child (ren) may be eligible for free or reduced price meals.

**MEDICAL OR SPECIAL DIETARY NEEDS:** If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meals.

**APPLY FOR BENEFITS:** You may apply for benefits at any time during the school year. If you are not eligible now but your income lessens, you lose your job, your household size becomes larger, or you become eligible for Food Stamps/SNAP or TANF benefits, you may complete another application at that time.

**REPORTING INCOME:** If your income is not always the same, list the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, enter that you receive $1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

**SOCIAL SECURITY NUMBER:** The application must have the last 4 digits of Social Security Number of the adult who signs the application, or the box indicating that the adult does not have a Social Security Number must be checked. Homeless, migrant, runaway and foster child is listed or a Food Stamp/SNAP or TANF case number for the child is listed, Social Security Number is not needed.

**CONFIDENTIALITY:** Household size, household income, and Social Security Number information will remain confidential. Information you provide will determine your child (ren)'s eligibility to receive free or reduced price meals.

**VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send records proving that your child should receive free or reduced price meals.

**Privacy Act Statement:** This explains how we will use the information you give us. 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 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.**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for beneﬁts. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.To ﬁle a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\_ﬁling\_cust.html,](http://www.ascr.usda.gov/complaint_%EF%AC%81ling_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:

mail:     U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

fax:     (202) 690-7442; or

email:  [program.intake@usda.gov.](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**This district participates in Direct Certification:**

If you receive notification that your child has been directly certified to receive free meals for the school year, you DO NOT need to apply for meal benefits. If you choose to send in an application, it may result in a new determination of meal benefits based upon the information provided. If you do not receive notification you must apply for meal benefits by completing a meal application.

**FAIR HEARING:** If you do not agree with the District's decision regarding your application, or the result of verification you have the right to a fair hearing and may discuss it with Food Services.

**SUBMIT:** Please return completed meal applications to the Child's School, Front Office. We will let you know when your application is approved or denied. Your benefits will be good for the entire school year.

Judson C. Crane;

Director of Purchasing and Contract Administration, Santa Rosa County Schools

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| Gross Earnings before  Deductions; Include all jobs | Wages/salaries/tips before taxes , income from self -owned business, day care  business or farm |
| Welfare, child support,  Alimony | Public assistance payments, welfare payments, alimony/child support payments,  adoption assistance |
| Pension, Social Security, Child SSI,  permanent Disability, other income | Pensions, Supplemental Security Income, retirement income, veteran's payments,  Social Security, permanent disability benefits, cash withdrawn from savings,  interest, dividends, income from estates/trusts/investments, regular contributions  from persons not living in the household, royalties/annuities/rental income, any other income |
| Temporary income | Temporary assistance, temporary disability, strike benefits, unemployment  compensation, workers compensation |
| Until your application is processed, you will need to provide your child (ren) with money to purchase school meals at the prices listed above. If your child (ren) received free or reduced price meals last year, they will continue to receive those benefits for the first 30 days of school.  **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.** | |
| **INCOME ELIGIBILITY GUIDELINES**  **Use the income chart below to see if you qualify for the free or reduce price meal program.**  **Effective July 1, 2019-June 30, 2020**  Household Members Annual Monthly Twice per Month Every Two Weeks Weekly  1\*…………………….. 23,107 1926 963 889 445  2……………………… 31,284 2,607 1,304 1,204 602  3……………………… 39,461 3,289 1,645 1,518 759  4……………………… 47,638 3,970 1,985 1,833 917  5……………………… 55,815 4,652 2,326 2,147 1,074  6……………………… 63,992 5,333 2,667 2,462 1,231  7……………………… 72,169 6,015 3,008 2,776 1,388  8……………………… 80,346 6,696 3,348 3,091 1,546  Each Add’l member add 8,177 682 341 315 158  \*A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support | |
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