

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Complete one application per household and one application for each foster child.

Part 1. Children in School (Use a separate application for each foster child.)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp (not EBT card #) or TANF Case # (if any)
1.			
2.			
3.			
4.			
5.			
6.			

Part 2. If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call (school food service contact) at (phone number). Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____ Write "0" if foster child has no personal use income. Skip to Part 5.

Part 4. Total Household Gross Income--You must tell us how much and how often circle (1) monthly, bi-monthly, weekly or by-weekly.

A. Name (List everyone in household.)	B. If you have Food Stamp # or AFDC# skip to part 5.				C. Check if NO Income
	Earnings before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
1. (Adult)	\$ _____	\$ _____	\$ _____	\$ _____	
2. (Adult)	\$ _____	\$ _____	\$ _____	\$ _____	
3. (Child)	\$ _____	\$ _____	\$ _____	\$ _____	
4. (Child)	\$ _____	\$ _____	\$ _____	\$ _____	
5. (Child)	\$ _____	\$ _____	\$ _____	\$ _____	
6. (Child)	\$ _____	\$ _____	\$ _____	\$ _____	
7. (Child)	\$ _____	\$ _____	\$ _____	\$ _____	

Part 5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand the information provided on this application may be used to verify my household's eligibility for benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: x _____ Print name: _____

Address: _____ City: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number Date: _____

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12

Total Income: \$ _____ Per: Week; Every 2 Weeks; Twice a Month; Month; Year Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Dear Parent/Guardian:

Children need healthy meals to learn. (Abbeville County School District) offers healthy meals every school day. Lunch costs \$1.75 Elementary \$2.00 Middle and High School. Your children may qualify for free or reduced price meals. Reduced price is and [.40] for lunch. Breakfast is at no cost to all students.

FEDERAL INCOME CHART

Effective from July 1, 2009 to June 30, 2010

Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,467	5,708	1,317
Each additional person	+6,919	+577	+134

Your children may qualify for reduced price meals if your household income falls within the limits on this chart.

- Do I need to fill out an application for each child? No. Complete 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: [Brenda Chadwick, 400 Greenville St, Abbeville, S. C. 29620].
- Who can get funds? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- Can homeless, runaway and migrant children get free meals? Please call [Mr. Sherwin Johnson, 864-366-5427 homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at [864-366-5427] if you have questions.
- I get WIC. Can my child(ren) get free meals? Children in household participating in WIC may be eligible for free or reduced price meals. Please fill out application.
- Will the information I give be checked? Yes, we may ask you to send written proof.
- If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
- 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: [Mrs. Brenda Chadwick, 400 Greenville St. Abbeville, S. C. 29620].
- May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends); You must include yourself and all children who live with you.
- What if my 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, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- We are in the military; do we include our housing allowance as income? 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.

If you have other questions or need help, call [864-366-5427].
 Si necesita ayuda, or favor llame al telefono: [864-366-5427].
 Si vous voudriez d'aide, contactez nous au numero: [864-366-5427].

Sincerely,

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FOPIR 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 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 to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call or 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.