

Complete one application per family

DAVIDSON COUNTY SCHOOLS FREE AND REDUCED MEAL APPLICATION 2011-2012

Questions?
Call (336) 242-5635

Dear Parent/Guardian:

Children need healthy meals to learn. Davidson County Schools offer healthy meals every school day. Breakfast costs **\$1.25** and lunch costs **\$2.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.30** for breakfast and **.40** for lunch.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. 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: Davidson County Schools, Child Nutrition Office, P.O. Box 2057, Lexington, NC 27293.**

2. Who can get free meals? All children in households receiving benefits from Food and Nutrition Services, formerly known as The Food Stamp Program, the Food Distribution Program on Indian Reservations or TANF/Work First can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. Can homeless, runaway, and migrant children get free meals? Yes, children who meet the definition of homeless, runaway or migrant qualify for free meals. If you haven't been told your children will get free meals, please call (336) 249-8182 to see if they qualify.

5. 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 Eligibility Income Chart, shown on this application.

6. Should I fill out an application if I received a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the Child Nutrition Department at (336) 242-5635 if you have questions.

7. My child's application was approved last year. Do I need to fill out another 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.

8. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced meals. Please fill out an application.

9. Will the information I give be checked? Yes and we may also ask you to send written proof.

10. 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.

11. 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: Mr. Jay Temple, Davidson County Schools, P.O. Box 2057, Lexington, NC 27293 (336) 249-8182.

12. May I apply if someone in my household is not a US citizen? Yes. You or your child(ren) do not have to be US citizens to qualify for free or reduced price meals.

13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with your or your children, and who pay a prorated share of expenses), do not include them.

14. 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.

15. We are in the military. Do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. Is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for Food and Nutrition Services, formerly known as The Food Stamp Program or other assistance benefits, contact your local assistance office or call The Careline phone number (1-800-662-7030).

If you have other questions or need help, call **336-242-5635**

Sincerely, Brittany M. Benge-Child Nutrition Director

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 Food and Nutrition Services (FNS, formerly known as the Food Stamp program), 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 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 Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR COMPLETING APPLICATION

Section 1 – STUDENT INFORMATION: For each student, please print the student's name (first name, middle initial, last name). **If this is a foster child, check the box - IT IS NO LONGER REQUIRED TO LIST FOSTER CHILDREN ON A SEPARATE APPLICATION.** If the child has no income, check the "check if NO income" box. If the student receives income (includes wages from employment, social security, etc.) please enter their gross income including cents. **In the income frequency box enter A for annually, M for monthly, T for twice a month, E for every other week and W for weekly.** If the child has no income, check the "check if NO income" box. **All other income:** List the amount the student got last month from Social Security and all other income sources. Next to the amount, write the frequency that the student receives it.

Section 2 - BENEFITS: If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and case number for the person who receives benefits, provide the first name and last name of the signing adult on line number 1 in Section 3 and SKIP TO SECTION 5. Note: **the EBT card number is not acceptable** (If you are unsure of your Food and Nutrition Services (FNS, formerly Food Stamps) Case #, contact your local Department of Social Services to get the #), If no one receives these benefits, **SKIP TO SECTION 3.**

Section 3 - HOUSEHOLD INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART. Please print the names of all Household Members, excluding the students listed above. The adult who is signing the form **MUST** be listed in line 1. Next to each person's name, enter the gross income each person earns and how often it is received. Use the income frequency box to enter **A for annually, M for monthly, T for twice a month, E for every other week or W for weekly.** List the amount that you normally receive. 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. **All other income:** List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security (third column), and all other income sources. Next to the amount, write the frequency that the person receives it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. If you have NO INCOME, check the "Check if NO income" box. The application will be considered incomplete otherwise.

Section 4 – HOMELESS/MIGRANT/RUNAWAY: If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school's homeless liaison, migrant coordinator at (336) 249-8182 to see if your child(ren) qualify.

Section 5 – WAIVER OF PRIVACY ACT: Answer this question if you choose to. (Sign in appropriate space if you answer this question)

Section 6 – ETHNIC AND RACIAL IDENTITIES (OPTIONAL): Answer this question if you choose to.

Section 7 – CONTACT INFORMATION, CERTIFICATION, SIGNATURE AND DATE: Print your mailing address, city, state and zip code and enter a daytime phone number where you can be reached. Print the last four digits of the Social Security Number of the adult household member who is signing the form (if the signing adult does not have a Social Security #, check the box). After reading the certification, the form should be signed and dated.

ALL APPLICATIONS MUST BE SIGNED AND DATED BY THE HEAD OF HOUSEHOLD LISTED IN SECTION THREE IN ORDER TO BE PROCESSED.

1. RETURN TO: After the Head of Household has completed and signed the application, **please tear along the perforated line** and return the application to your child's school or mail to: Davidson County Schools, Child Nutrition Office, P.O. Box 2057, Lexington, NC 27293. Keep the instruction page for reference.

2. NOTIFICATION: You will be notified in writing when the application is approved or denied. It may take ten working days to process your application.

INCOME ELIGIBILITY GUIDELINES FOR FREE OR REDUCED PRICED MEALS

EFFECTIVE JULY 1, 2011 THROUGH JUNE 30, 2012

Family Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
Each additional household member add:					
	\$7,067	\$589	\$295	\$272	\$136