

**Application For Free & Reduced Priced Meals
2009-2010**

Dear Parent/Guardian:

A-1

Children need healthy meals to learn. **WINFIELD City Schools** offer healthy meals every school day. Breakfast costs \$1.00 lunch costs \$1.75. 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: Your child's school or to Sandy McCaleb, P.O. Box 70, Winfield, AL 35594. Phone 487-0228 local calls or 1-866-241-0416 toll free.**

2. Who can get free meals? Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting 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.

3. Can homeless, runaway and migrant children get free meals? Please call Homeless Liaison and Migrant Coordinator, at 487-4255 local calls or 1-866-241-0416 toll free to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. 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.

5. 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 487-0228 local calls or 1-866-241-0416 toll free if you have questions.

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

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. 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 SNAP, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. 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: **Terrell Kirkpatrick, Superintendent, P.O. Box 70, Winfield, AL 35594, Phone 487-4255 local calls or 1-866-241-0416 toll free.**

10. 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.

11. 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.

12. 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.

13. 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 (487-0228 local calls or 1-866-241-0416 toll free).

Si necesita ayuda, por favor llame al telefono: (487-0228 local calls or 1-866-241-0416 toll free).

Si vous voudriez d'aide, contactez nous au numero: (487-0228 local calls or 1-866-241-0416 toll free).

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

Sincerely,

Sandy McCaleb, Child Nutrition Program Director

FEDERAL INCOME CHART For School Year 2009-2010				
Household Size	Yearly	Monthly	Every 2 Weeks	Weekly
1	20,036	1,670	771	386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
Each Additional Person:	6,919	577	267	134

*SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

Free and Reduced Price School Meals Application 2009

Letter to Households

Page 1 of 2

Fold, Staple, or Tape or Place In An Envelope

Lunchroom Manager

Fold

One Application Per Household

INSTRUCTIONS FOR APPLYING -A-2

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, or gets TANF, follow these instructions:

- Part 1: List child(ren)'s social security number (optional), name, grade, school, and a SNAP or TANF case number.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: **Sign the form.** A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to:

Check the appropriate box and contact Winfield City Board of Education, Homeless Liaison and Migrant Coordinator at 487-4255 local call or 1-866-241-0416 toll free. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a **separate application** for each foster child. List the child's social security number (optional), name, grade, and school.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: **Sign the form.** A Social Security Number is not necessary for a foster child.
- Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each child's social security number (optional), name, grade, and school
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.
Column 1 - Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 2 - Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. 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 boss can tell you. Next to the amount write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column 3-Check if no income: If the person does not have any income, **check the box.**
- Part 5: An adult household member must **sign the form and list his or her Social Security Number**, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.

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 Supplemental Nutrition Assistance (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 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."

*ALL students are given an application. List all children in your household on one application. Return only one application to your school.

Winfield City Schools

Family Application For Free and Reduced -Price Meals School Year 2009-2010

PRINT NEATLY

One Application Per Household

USE BLUE OR BLACK INK

Part 1 - Student Information - Use an additional application if more than five (5) Students.											SNAP* or TANF case # (if any). Skip to Part 5 if you list a SNAP* or TANF case #.		
Print the name of EACH STUDENT attending School													
Student's SSN Number (optional)	Last Name	First Name	MI	Grade	School Name								
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, Homeless Liaison, Migrant Coordinator at phone # 487-4255 or 1-866-241-0416. Homeless Migrant Runaway

Part 3 - Foster Child (Complete only if above listed student is a foster child-use a separate application for each 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: \$ _____. Skip to Part 5.

Part 4 - Total Household Gross Income - You must tell us how much and how often

1. Name (List everyone in household including children)	2. Gross income and how often it was received				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith (Please Mark W, M, BW, 2XM)	\$200 / weekly (W)	\$150 / twice monthly (2XM)	\$100 / monthly (M)	\$_____ every other week (BW)	<input type="checkbox"/>
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 - 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 on the back of this page.)
 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 that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Guardian Signature _____ Printed Guardian First Name _____ Printed Guardian Last Name _____

Social Security Number _____ Mailing Address _____ Apt. # _____

Date _____ City _____ State _____ Zip Code _____

TOTAL NUMBER HOUSEHOLD MEMBERS INCLUDING CHILDREN FROM PART 1: _____ Home Phone _____ Work Phone (optional) _____

Part 6 - Race: Please check the racial or ethnic identity of your child(ren). You are not required to answer this question.

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity): Asian White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

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: _____