



Dear Parent/Guardian:

Children need healthy meals to learn. Haywood County Schools offer healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.00 (elementary schools) \$2.25 (middle and high schools). Your children may qualify for free 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 **ONE** Free and Reduced Price School Meals Application for all students in your household. List each child and their school on one application. We **cannot** approve an application that is not complete, so **be sure** to fill out all required information. **Return the completed application to the cafeteria manager at your child's school or mail to:**

**Haywood County Schools
Child Nutrition Program
5855 Crabtree Road
Clyde, NC 28721**

2. Who can get free meals? 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 is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway, and migrant children get free meals? Please call (828) 627-1150 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 and reduced price meals? Please read the letter you got carefully and follow the instructions. Call (828) 627-1150 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 meals. Please fill out an application.

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

8. 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 or TANF. 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: Dr. Anne Garrett, Haywood County Schools 1230 N. Main St. Waynesville, NC 28786 (828) 456-2400.

10. May I apply if someone in my household is not a US citizen? Yes. You or your children do not have to be a US 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. Be sure to list how often you get paid: yearly, monthly, twice a month, bi-weekly or weekly.

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 allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help call (828) 627-1150.

Sincerely,

Alison C. Francis
Child Nutrition Director

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

2009 – 2010

Haywood County Schools

2009 – 2010

APPLICATION #

ONE APPLICATION PER FAMILY

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

Names of all children in school	School	Grade	Food Stamp or TANF case #. A county case number is required for all children before application can be processed (EBT or Medicaid # is not acceptable). Skip to Part 5 if you list Food Stamp or TANF case number.
First	Middle	Last	
			County case <u>number</u> -
			County case <u>number</u> -
			County case <u>number</u> -
			County case <u>number</u> -
			County case <u>number</u> -

Part 2. If the child(ren) you are applying for is homeless, migrant, or a runaway check the appropriate box and call (828) 627-1150.

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 , then list the amount of the child's personal use income: \$ _____ per _____. Skip to Part 5.

Part 4. Total Household Gross Income – If any child or adult in the household has no income, you **MUST** check the 'No income' Box in question 3 on the application; if the box is not checked, the application **will not** be processed or approved.

1. Name (List everyone in household including children listed above.)	1. Household Gross Income and list how often it is received. Example: \$10,400.75 yearly, \$823.67 monthly, \$400.25 twice a month, \$433.40 bi-weekly or \$200.65 weekly.				3. Must Check if NO Income
	Earnings from work before deductions	Welfare, Child Support, alimony	Pensions, retirement, Social Security	All Other Income	
First and Last Names	*Yearly *Monthly *Twice a month *Bi-weekly *Weekly	*Yearly *Monthly *Twice a month *Bi-weekly *Weekly	*Yearly *Monthly *Twice a month *Bi-weekly *Weekly	*Yearly *Monthly *Twice a month *Bi-weekly *Weekly	If no income check box <input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<input type="checkbox"/>
	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	\$ ____./* ____	<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 in packet.)
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.

Sign here: X _____ **Print Name:** _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Social Security Number: _____ - _____ - _____ Date: _____

I do not have a Social Security Number

Part 6. Children's racial and ethnic Identities (Optional)

Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	Mark one ethnic Identity:
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino



FEDERAL INCOME CHART ~ For School Year 2009 - 2010

Household Size	Yearly	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	68,496	5,706	1,317
For each additional Household Member add:	6,919	577	134

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

Privacy Act Statement: 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 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 US 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, 1400 Independence Avenue, SW, Washington, DC 20250-9410* or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Instructions for Applying

ONE APPLICATION PER HOUSEHOLD

If your household gets FOOD STAMPS or TANF, follow these instructions:

Part 1: List child(ren) name, school, grade, and a Food Stamp or TANF county case (number) for each child on one application.

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 if you list a county case number.

Part 6: Answer this question if you choose to.

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 name, school, and grade

Part 2: Skip this part

Part 3: Check the box and list the child's personal use income and how often it is received.

Part 4: Skip this part

Part 5: Sign the form. A social security number is not necessary person signing form.

Part 6: Answer the question if you choose to.

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

Part 1: List each child's name, school, and grade

Part 2: Check the appropriate box, if any

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income.

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 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 (yearly, monthly,

twice a month, bi-weekly or weekly). All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (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, SSI, 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.

Column 3 – Check if No Income: If the child or adult does not have any income, you **must** check the 'no income' box beside each name or the application **will not** be processed or approved.

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.

PLEASE GIVE CORRECT ADDRESS ON APPLICATION.

A NOTIFICATION LETTER WILL BE MAILED TO THE ADDRE9SS GIVEN.

Part 6: Answer this question if you choose to.

