



Haywood County Schools

1230 North Main Street
Waynesville, NC 28786

828 456 2400

Anne G. Garrett, Ed., D.



Superintendent

Dear Parent/Guardian:

Children need healthy meals to learn. Haywood County Schools offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.00 Prek-5 and \$2.25 6-12. 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: The school cafeteria or Haywood County Schools Child Nutrition, 5855 Crabtree Rd. Clyde, NC 28721. Phone 828-627-1150.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Food and Nutrition Services, Formerly known as The Food Stamp Program, or TANF/Work First, and most foster children 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, FOSTER CHILDREN, AND MIGRANT CHILDREN GET FREE MEALS? If you haven't been told your children will get free meals, please call Aleasa Glance, homeless liaison and migrant coordinator @ 828-456-2400 for more information and 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 Child Nutrition at 828-627-1150 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 price 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.

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: Haywood County Schools, Child Nutrition Program, 5855 Crabtree Rd., Clyde, NC 28721. 828-627-1150.
12. 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 U.S. 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). You must include yourself and all children living with you including foster children.
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.
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 828-627-1150.
Si necesita ayuda, por favor llame al teléfono: 828-627-1150.
Si vous voudriez d'aide, contactez nous au numero: 828-627-1150.

Sincerely,

Alison Francis

Alison Francis
Director of Child Nutrition

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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 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 APPLYING

A household member is any child or adult living with you.

If your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), or gets TANF/Work First, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food and Nutrition Services (FNS, formerly known as The Food Stamps) or TANF/Work First case number. **Note: The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly known as The Food Stamp Program) Case number, contact your local Department of Social Services to get the number.**

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

Check the appropriate box and contact your school, homeless liaison, migrant coordinator or foster child contact. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

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: 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 including all students listed above in Part 1 and foster children. 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 (including foster children) 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 4: An adult household member must sign the form and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Haywood County Schools

2011-2012

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School including foster children

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food and Nutrition Services (FNS, formerly Food Stamp) or TANF/Work First case # (if any). Skip to Part 5 if you list a FNS or TANF case #

Part 2. If the child you are applying for is homeless, migrant, runaway or a foster child check the appropriate box and call Aleasa Glance, homeless liaison and migrant coordinator @ 828-456-2400

Homeless Migrant Runaway Foster Child

Part 3. Total Household Gross Income—You must tell us how much and how often

1. Name (List the names of EVERYONE in household including the students listed above)	2. Gross income and how often it was received. (Use exact income including cents.) <i>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>
	\$____ per _____	\$____ per _____	\$____ per _____	\$____ per _____	<input type="checkbox"/>

Part 4. 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.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Children’s ethnic and racial identities (optional)

<p>Choose one ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p>Choose one or more (regardless of ethnicity):</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p>
---	--

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: _____

FEDERAL INCOME CHART					
For School Year 2011-2012					
Household size	Annual	Monthly	Twice Per Month	Every Two 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	1067
7	62,549	5,213	2,607	2,406	1203
8	69,616	5,802	2,901	2,678	1339
Each additional person:	7,067	589	295	272	136

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

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 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 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.