



INSTRUCTIONS FOR SCHOOL DISTRICTS

Free and Reduced Price School Meals Application and Verification Forms, Multi-Child Short Format

This packet contains:

Required information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application

Optional application-related materials that *may* be provided to households:

- Sharing Information With Medicaid/SCHIP
- Sharing Information With Other Programs

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results
- Verification Tracker for School Use

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert your school district’s specific information. If these materials have not been modified to include your State’s name for Temporary Assistance to Needy Families (TANF), State Children’s Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. If you make additional changes, you must submit your application package to the State agency for approval.

If you have questions, contact:

[State agency address]

[Insert School District Letterhead]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **[\$]** for breakfast and **[\$]** for lunch.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

Here are answers to questions you may have about applying:

1. Who can get free or reduced price meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free or reduced price meals.

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

3. What if I stop getting Food Stamps or TANF? If your children qualify because you listed a Food Stamp or TANF case number, you must tell the school when you no longer get Food Stamps or TANF.

4. What if my household size or income changes? If your children qualify for free or reduced price meals based on your income, you must tell us if your household size goes down or if your income goes up by more than \$50 per month (\$600 per year). Call us at **[phone number]**. You do not have to fill out another application.

5. If I don't qualify now, may I apply again 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 during the time you are unemployed.

6. 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: **[name, address, phone number]**.

If you have other questions or need help, call **[phone number]**.

Si necesita ayuda, por favor llame al teléfono: [phone number].

Si vous voudriez d'aide, contactez nous au numero: [phone number].

Sincerely,

[signature]

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

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

- Part 1:** List the child's name, school, and grade.
- Part 2:** List the child's personal use monthly income, 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.

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

- Part 1:** List each child's name, school, grade, and Food Stamp or TANF case number.
- Part 2:** Skip this part.
- 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.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- 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. Attach another sheet of paper if you need to.
 - Column 2–Last month's income and how often it was received:** List the types of income your household got last month and how often you got them.
Employment income: List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, 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.
 - 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 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.

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

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/ Classroom No.	Food Stamp or TANF case # (if any)		
If you listed a Food Stamp/TANF case number for EACH child, skip to Part 4.					
Part 2. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.					
Part 3. Total Household Income from Last Month—You must tell us how much and how often					
1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
<i>(Example) Jane Smith</i>	\$ <u>200/weekly</u>	\$ <u>150/weekly</u>	\$ <u>100/monthly</u>	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
Part 4. Signature and Social Security Number (Adult must sign)					
An adult household member must sign the application. If Part 3 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>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. I understand that school officials may inform other child nutrition, health and education programs, including the Department of Transitional Assistance's Food Stamp Program (DTA), Women Infant and Children (WIC), and Mass HEALTH of information on my form to determine benefits for those programs or for funding and/or evaluation purposes.</i>					
Sign here: X _____					
Address _____ Telephone _____					
Social Security Number: ____ - ____ - _____ <input type="checkbox"/> I do not have a Social Security Number					
Part 5. Children's racial and ethnic identities (optional)					
<u>Mark one or more racial identities:</u>					
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
<u>Mark one ethnic identity:</u>					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Don't fill out this part. This is for school use only.					

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2
Monthly Income: _____ Household size: ____ FS/TANF: ____ Date Withdrawn: _____
Eligibility: Free____ Reduced____ Denied____ Reason: _____
Temporary: Free____ Reduced____ Time Period: _____ (expires after ____ days)
Determining Official's Signature: _____ Date: _____

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

FEDERAL INCOME CHART			
For School Year <u>2004-2005</u>			
Household size	Yearly	Monthly	Weekly
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
Each additional person:	+5,883	+491	+114

Privacy Act Statement: This explains how we will use the information you give us. The 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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. 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 misuse 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 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- Yes! I **DO** want information from my Free and Reduced Price School Meals Application shared with Medicaid and the State Children's Health Insurance Program.

If you checked yes, stop here. You do not have to complete or send in this form. We will share your information automatically.

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call [name] at [phone].
Return this form to: [address] by [date].

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **[name]** at **[phone]**.
Return this form to: [address] by [date].

WE MUST CHECK YOUR APPLICATION

School: _____ Date: _____

Dear _____:

Your Free and Reduced Price School Meals Application has been selected to be checked. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[names of children]** are eligible.

Send EITHER:

1. Proof that you get Food Stamps or TANF for your children. Section 2 on page 2 shows what kind of proof you should send. See sections 1 and 3 for foster children.

OR:

2. Name and Social Security Number* of each adult household member and proof of your household's current income. Section 3 on page 2 shows what kind of proof you should send.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.

Send information to: [address].

If you have questions or need help, please call **[name]** at **[phone number]**.

Sincerely,

[signature]

*Privacy Act Statement: You must give the Social Security Number of each adult household member or mark the "No Social Security Number" box. This is required by Section 9 of the National School Lunch Act. We may use the Social Security Number to check the information you provide about your household income. You do not have to give your Social Security Number or mark the "No Social Security Number" box, but if you do not, your children will stop getting free or reduced price meals.

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 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

WHAT YOU NEED TO SEND US

1. If your child is a Foster Child:

Send us official documentation from the agency sponsoring the child.

2. If you get Food Stamps or TANF for your children, send us a copy of one of these:

- Food Stamp or TANF Certification Notice that shows dates of certification.
- Letter from Food Stamp or Welfare Office that says you get Food Stamps or TANF.
- ATP Card (Authorization To Participate) with an expiration date. (Do not send your EBT card.)

If you *no longer* get Food Stamps or TANF for your children and want to find out if your children can continue to get free or reduced price meals:

- B. Complete another Free and Reduced Price School Meals Application with income information for everyone in your household,
- C. Write the name and the Social Security Number of each adult household member below or on another piece of paper, and
- D. Send pay stubs or other papers that show your household's current income.

3. If you do not get Food Stamps or TANF for your children:

- B. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, p1)	No Social Security Number
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>
_____	__ __ __ - __ __ - __ __ __ __	<input type="checkbox"/>

- B. Send this page along with papers that show the amount of money your household got last month from each source.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received.

Acceptable papers include:

Jobs: Current paycheck stub or pay envelope that shows how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[names of children]** are eligible for free or reduced price meals and have decided that:

- Your children's eligibility has not changed.
- Starting **[date]**, your children's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost. You must tell the school when your household income goes up by more than \$50 per month (\$600 per year) or when your household size goes down.
- Starting **[date]**, your children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast. You must tell the school when your household income goes up by more than \$50 per month (\$600 per year) or when your household size goes down.
- Starting **[date]**, **your children are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that you are not receiving Food Stamps or TANF at this time.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**.

Sincerely,

[signature]

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VERIFICATION TRACKER FOR SCHOOL USE

Date Verification Notice Sent: _____

Date Response Due from Household: _____

Date Second Notice Sent (or N/A): _____

Approval Based On:

Food Stamp/TANF Case Number

Household Size and Income

Verification Result:

No Change

Free to Reduced

Free to Paid

Reduced to Free

Reduced to Paid

Reason for Change:

Income: _____

Household Size: _____

Change in Food Stamp/TANF

Did not respond

Other: _____

Date Notice of Change Sent: _____

Date Change Made: _____

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date: _____

MEAL BENEFIT NOTIFICATION

Dear Parent:

Your application for free or reduced price meals for your child has been:

Approved for free lunch (and breakfast)

Approved for reduced price lunch (and reduced price breakfast)

*Denied for the following reason(s):

If you do not agree with the decision on your application, you may wish to discuss it with the school official. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling or writing:

[INSERT THE NAME, ADDRESS AND TELEPHONE NUMBER OF HEARING OFFICIAL]

Name

Address

Telephone ()

REPORTING CHANGES: If your child is approved for meal benefits, you must report any changes in food stamp or TAFDC eligibility, household size and increases in income of more than \$50 a month or \$600 per year. Households that provided a food stamp or TAFDC case number to establish eligibility for free meals must report any termination of benefits under the Food Stamp or TAFDC Programs. Call the school official listed above to report any changes.

You may reapply for benefits any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in household size, fill out an application at that time.

In the operation of Child Feeding Programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington DC 20250.

Notice to Household

Please retain this document for verification of eligibility for participation in the National School Lunch Program.

*If denied, hearing procedures have been enclosed.

HEARING PROCEDURE

YOUR APPLICATION FOR FREE OR REDUCED PRICE MEALS HAS BEEN :

DENIED **TERMINATED** **OR** **REDUCED**

Prior to initiating the hearing procedure, the parents or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information and obtain an explanation of data submitted in the application or the decision rendered. The request for a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure provides for the following:

1. A publicly announced, simple method for making an oral or written request.
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or any previously held conference.
8. That the decision of the hearing official be based in the oral and documentary evidence presented at the hearing and be made a part of the hearing record.
9. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official and that the decision of the hearing official is binding.
10. That for each hearing a written record be prepared, including the challenge or decision under appeal, any documentary evidence, a summary of any oral testimony presented at the hearing, the decision of the hearing official including the reasons thereof and a copy of the notification to the parties concerned of the hearing official's decision.
11. That such written record be preserved for a period of 3 years after the close of the school year to which it pertains. These records shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period.

(OVER)

During the appeal and hearing procedure:

A. Children who have been denied benefits upon application shall not receive continued benefits during this period.

B. Children who have been approved for benefits but are subject to termination of benefits later in the same school year shall continue to receive benefits if an appeal of the adverse action has been made within the 10 day advance notice period.

Advance notification shall be provided to families who receive a termination of benefits 10 calendar days prior to the actual termination. The notice shall advise households of: (1) the change; (2) the reason for the change; (3) the right to appeal the action within the 10 day advance notice period; (4) instructions on how to appeal and (5) the right to reapply any time during the school year. The reasons for ineligibility shall be properly documented and retained on file at the School Food Authority.