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# FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

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SCHOOL YEAR 2012-2013

## INSTRUCTIONS FOR SCHOOL DISTRICTS

***Do not include this page with the application package provided to households.***

This packet contains prototype forms:

**Required** information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application
- Notice to Households of Approval/Denial of Benefits<sup>1</sup>

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

**The below forms are only required for Sponsor's who share Free and/or Reduced information.**

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

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. The **[bold, bracketed fields]** indicate where you need to insert school district specific information. For example, you must include your district's no-charge telephone number for verification assistance on the verification materials. If these materials have not been modified to include your State's name for the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, Temporary Assistance to Needy Families (TANF), or State Children's Health Insurance Program (SCHIP), you should insert this information as appropriate. This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

If you make changes to the Free and Reduced Price School Meals Application and/or the letter to the household, you must submit the revised documents to the Pennsylvania Department of Education by:

E-mail: [ddabulis@pa.gov](mailto:ddabulis@pa.gov)

OR

Fax: 717.783.6566 ATTN: SNP Free and Reduced Price Meals Application

OR

Mail: PA Department of Education  
Division of Food and Nutrition  
ATTN: SNP Free and Reduced Price Meals Application  
333 Market Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17126-0333

<sup>1</sup>All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally.

# [LINCOLN LEADERSHIP ACADEMY CHARTER SCHOOL]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Lincoln Leadership]** offers healthy meals every school day. Breakfast costs **[1.75]**; 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: **[LLACS, 1414 E. Cedar Street, Allentown, PA 18109]**. Families can also apply online for free or reduced school meals, and other benefits, at [www.compass.state.pa.us](http://www.compass.state.pa.us).
2. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not, who share income and expenses.
3. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) can get free meals regardless of your income. This includes children living in the household who do not receive SNAP or TANF. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
4. **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 and should be included on the household application. They are no longer considered a household of one.
5. **CAN HOMELESS, MIGRANT AND RUNAWAY CHILDREN GET FREE MEALS?** Please contact **[LLACS's caseworker at 484-860-3300 Ext. 122]** for assistance in receiving meal benefits.
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 school at **[484-860-3300 Ext.333]** 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 30 operating days of this school year. You must send in a new application by **[July 19, 2012]** unless the school told you that your child has been directly certified for free meals 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. 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. Sisobed Torres, 1414 E. Cedar Street, Allentown, PA 18109,]**
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. **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 sometime. If you have lost a job or had your hours or wages reduced, use your current income.
14. **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.
15. **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.

16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments)**.

If you have other questions or need help, call **[484-860-3300 Ext.333]**.

*Si necesita ayuda, por favor llame al teléfono: [484-860-3300 Ext.333].*

*Si vous voudriez d'aide, contactez nous au numero: [484-860-3300 Ext.333].*

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

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2012-2013			
Household size	Yearly	Monthly	Weekly
1	\$20,665	\$1,723	\$ 398
2	\$27,991	\$2,333	\$ 539
3	\$35,317	\$2,944	\$ 680
4	\$42,643	\$3,554	\$ 821
5	\$49,969	\$4,165	\$ 961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
Each additional person:	+\$7,326	+\$611	+\$141

Sincerely,

**[Tina Morales]**

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Use of Information 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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (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.

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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 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List the name and nine (9) digit case number of any household member receiving SNAP or TANF benefits.

**Part 2:** Skip this part.

**Part 3:** Complete section A including ALL household members. List the child(ren)'s school they attend and grade. Do not complete section B

**Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

**Part 5:** Answer this question if you choose.

**IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY AND DOES NOT RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** Skip this part.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway, call [**Lincoln Leadership Academy Charter School**].

**Part 3:** In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling H for homeless; M for migrant; or R for a runaway. List what school they attend and their grade. Section B does not need to be completed.

**Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

**Part 5:** Answer this question if you choose.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

**Part 1:** Skip this part.

**Part 2:** Skip this part.

**Part 3:** In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling F. List what school they attend and their grade. Section B does not need to be completed.

**Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

**Part 5:** Answer this question if you choose.

**If you are applying for all children in the household where some children are foster and some are not:**

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling F to indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

**ALL OTHER HOUSEHOLDS, INCLUDING INCOME BASED AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** Skip this part.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Section A – Name:** List all household members. List the child's school and grade. For any person, including children, with no income, you must check the "No Income" box.
- **Section B – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the **gross income**, not the pay you take-home. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.

**Part 5:** Answer this question if you choose.

## 2012-2013 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1. BENEFITS:** IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** AND only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: \_\_\_\_\_ CASE NUMBER:   -

**PART 2.** IF ANY CHILD YOU ARE APPLYING FOR IS A (F) FOSTER (legal charge of welfare agency or court), (H) HOMELESS, (M) MIGRANT, OR (R) RUNAWAY CIRCLE THE APPROPRIATE LETTER IN **PART 3.** CALL [484-860-3300 Ext. 333] IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

**PART 3. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us who, how much and how often.

A. NAME (List all household members. Attach an additional page if needed)	Indicate if a Foster, Homeless, Migrant or Runaway Child		Child's School	Child's Grade	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i>																				
					Earnings From Work Before Deductions			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits			All Other Income			Check if NO income								
					\$	W	E	\$	W	E	\$	W	E	\$	W	E									
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>
	F	H			\$				\$				\$				\$				<input type="checkbox"/>				
	M	R				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)**  
 An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Use of Information Statement on the Parent/Guardian letter.)  
*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: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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)**  
 Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
 Choose one or more (regardless of ethnicity):  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other

**DO NOT 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: \_\_\_\_\_

Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_;  Categorically Eligible;  Other Source Categorically Eligible; Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/SCHIP

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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).

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**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 to ensure that your information is NOT shared for the child(ren) listed 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 **[Tina Morales]** at **[484-860-3300 Ext.333]** or e-mail at **[[tmorales@llacslv.com](mailto:tmorales@llacslv.com)]**.

**Return this form to: [LLACS, 1414 E. Cedar Street, Allentown, PA 18109] by [7/19/12].**

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.

- 
- 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 to ensure that your information is shared for the child(ren) listed 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: \_\_\_\_\_

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For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.