

2011-2012 DIXIE DISTRICT SCHOOLS FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

To apply for free and reduced price meals, read the instructions and complete **one application for all school children** in your household. You must sign your name or your application will not be complete. **We cannot approve an application that is incomplete.** Return one completed application to any school in which your child or children are enrolled. Attach another sheet of paper if more space is needed. If you need help completing the application form, please call the School Food Service Office at 498-1295. **Any student who does not have a current application on file will be unable to receive F/R meal benefits after October 1, 2011.** Check here if your child (ren) received free or reduced price meals in Dixie County during the 2010-2011 school year.

PART 1 ALL HOUSEHOLDS COMPLETE THIS PART Print <u>Legal Name</u> , school, grade, and date of birth for ALL children in your household attending a Dixie County School. All children may now be placed on one Family Application. If applying for a FOSTER child/children, check the box to the left of the child/children's name.				PART 2 Households receiving *SNAP or TANF must list a current CASE # for each child. Please DO NOT list the number on the Benefits Security Card. Complete this part and PART 5. Do not complete PART 3 or 4. *Supplemental Nutrition Assistance Program (Former Food Stamp Program)	
LEGAL NAME OF CHILDREN IN SCHOOL (First, Middle Initial, Last)	NAME OF SCHOOL	GRADE	DATE OF BIRTH	SNAP CASE NUMBER (10 DIGIT CASE #)	TANF CASE NUMBER (10 DIGIT CASE #)

PART 3 *If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and please call: **The Dixie District Schools Director of Student Services at 352-498-6137** **HOMELESS** **MIGRANT** **RUNAWAY**

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. **For households with deployed service members:** For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service member's on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Column 3–Check if no income: If the person does not have any income, check the box. **If you are in the Military Housing Privatization Initiative or combat pay do not include these allowances as income.**

*****NEED INFORMATION ABOUT FOOD STAMPS?? Visit their website at WWW.FLIMPACT.ORG/RESOURCES.HTML*****

NAMES List the Names of <u>Everyone</u> in Your Household (include all child(ren) listed in PART 1)	Total Household Gross Income and how often it is received					Check if NO income
	Gross Earnings Before Deductions from Main Job	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Job 2 or Any Other Monthly Income	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly \$100/*Annual ("Only seasonal, migrant, or self employed families are permitted to report ANNUAL income.")	
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"/>

PART 5 ALL HOUSEHOLDS MUST COMPLETE THIS PART An adult household member must sign the application before it can be approved. The application MUST have the last 4 digits of social security number of the person who signs. (If you listed a food stamp or TANF number for each child or if you are applying for a foster child, the last 4 digits of social security number is not needed. Check here if additional sheets are attached.

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 4 digits of the SS # of the adult household member who signs the application. The last 4 digits of the SS # 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 SS #. 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.

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.

Date _____ Last 4 digits of SS# XXX - XX -

Signature of Adult Household Member _____ (Write NONE if you don't have a social security #)

Printed Name _____ Home/Cell Phone # _____ Work Phone # _____

MAILING Address (PO Box? / Rural Route?) _____ City/State/Zip _____

Ethnic & Racial Identity (optional):

Asian American Indian White, not Hispanic or Latino Black or African American Hispanic or Latino Pacific Islander Other

PARENT LETTER AND INSTRUCTIONS FOR FAMILY APPLICATION FOR FREE/REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Dixie District School System offers a choice of healthy meals each school day. Breakfast cost \$ 1.50; lunch cost \$2.00 (elementary) or \$2.50 (middle & high school). Your children may qualify for free or reduced price meals. The reduced price is \$.30 for breakfast and \$.40 for lunch in all schools.

***HOW TO APPLY** Households must fill out a new application at the beginning of each school year. Complete the application form on the back of this letter. **List all school children in your household including foster children on one application. If you are approved for FREE or REDUCED price meals, eligibility benefits are good for the entire school year. We cannot approve an incomplete application.**

***SNAP (former Food Stamp Program) OR TANF HOUSEHOLD:**

If you now receive Food Stamps or TANF for the child you are applying for, that child is eligible for free meals. You will receive a notice of your child's eligibility. **If you do not receive this eligibility notice by October 1, 2011, you should fill out and return an application.** If you do not want these benefits, you must notify the School Food Service Office. To apply, you must list the names of your children and the SNAP or TANF **case #** for **each child**, print your name, sign the application. The last 4 digits of a social security number is **NOT** required. If you receive SNAP/TANF you do not have to fill out Part 3 & 4. An adult household member must sign the application.

***FOSTER CHILD: (a legal responsibility of a welfare agency or court).**

Foster children will receive free benefits regardless of the child's personal income or the income of the household where they reside. **Part 1:** List children and the school name for each child. Check the box to the left of the child's name indicating the child is a foster. **Skip Part 2, 3, & 4; Part 5:** Sign the form. The last 4 digits of a Social Security number are **NOT** required.

***If some of the children in the household are foster children:** **Part 1:** List all school children in the household and the name of school for each child. Check the box to the left of the child's name if they are a foster child. **Part 2:** If the household does not have a case number, skip this part. **Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Dixie District Schools Director of Student Services at 352-498-6137. If not, skip this part.

Part 4: Follow the instructions for "All Other Households" below.

****ALL OTHER HOUSEHOLDS:** 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.** Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. **For households with deployed service members:** For the purpose of determining household size, deployed service members are considered a part of the household.

Families should include the names of the deployed service member's on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Column 3--Check if no income: If the person does not have any income, check the box. **If you are in the Military Housing Privatization Initiative or combat pay do not include these allowances as income.** An adult household member must sign the form and list the last 4 digits of their Social Security Number (or write NONE if he/she doesn't have one).

***MIGRANT, HOMELESS, OR A RUNAWAY:** Check the appropriate box and call the Dixie District Schools Director of Student Services at **352-498-6137**

Household size	2011-2012 Income Guidelines for Reduced Price Meals				
	Annual	Monthly	Twice A Month	Every 2 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	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional family member, add	7,067	589	295	272	136

INCOME THAT MUST BE REPORTED

EARNINGS FROM WORK	WELFARE/CHILD SUPPORT/ALIMONY	PENSIONS/RETIREMENT/SOCIAL SECURITY	OTHER INCOME
Wages/Salaries/Tips	Welfare Payments	Pensions	Disability Benefits Net Royalties/Annuities
Strike Benefits	Alimony Payments	Supplemental Social Security Income	Cash W/D from Savings Net Rental Income
Unemployment Compensation	Child Support payments	Retirement Income	Interest/Dividends Any other income
Worker's Compensation		Veteran's Payments	Income from Estate/Trust/Investments
Net Income from Self-Owned Business or Farm		Social Security	Regular Contributions from Persons not living in the household

***UNEMPLOYED:** Children of parents or guardians who become unemployed may be eligible for free or reduce price meals during the period of unemployment.

***WIC:** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application.

***VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send records showing that your child should receive free or reduced price meals. If you do not respond to this request for information you child may lose his/her free or reduced price meal benefits.

***FAIR HEARING:** You may talk to school official if you do not agree with the decision on your application or the results of verification. You also may ask for a fair hearing, you may do this by calling or writing: 352-498-6131 or Mark A. Rains, Superintendent, 16077 Bldg, 2 NE 19 Hwy, Cross City, FL 32628.

***CONFIDENTIALITY:** School officials use the information on the application to decide if your child should receive free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

****REAPPLICATION:** You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like decrease in household income, an increase in household size, become unemployed or receive Food Stamps or TANF for your child, you may complete a new application.

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.

We will let you know if your application is approved or denied. If you do not hear from us within 10 days of applying please contact us at **352-498-1295**.

Sincerely, **Linda Fowler, Food Service Coordinator**

FOR SCHOOL USE ONLY	VERIFICATION	Reason for Elg. Change
ANNUAL INCOME CONVERSION: WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; SNAP/TANF HOUSEHOLD, CATEGORICALLY ELIGIBLE FREE INCOME HOUSEHOLD: Total Income: _____ Household Size: _____ Categorical Eligibility: _____ Application Approved: FREE REDUCED DENIED Reason for Denial: Income too High Incomplete Application Other _____ Temporary beginning _____ Ending _____	Date Verification Sent _____ Response Due from Household _____ Second Notice Sent _____ Notice of Change Sent _____ Date Notice of Change Sent _____	<input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> No Response <input type="checkbox"/> Change in SNAP/TANF
Signature & Date of Determining Official _____	VERIFICATION RESULT: No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Signature & Date of Verifying Official _____	