FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Grant County Schools** offers healthy meals every school day. Breakfast costs [\$1.10]; lunch costs [\$2.00/MS; \$2.25/HS]. **Your children may qualify for free meals or for reduced price meals.** Reduced price is [\$0.30] for breakfast and [\$0.40] for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIC	GIBILITY INCOME CH	HART For School Year	_2015-2016
Household size	Yearly	Monthly	Weekly
1	\$21,775	\$1,815	\$419
2	\$29,471	\$2,456	\$567
3	\$37,167	\$3,098	\$715
4	\$44,863	\$3,739	\$863
5	\$52,559	\$4,380	\$1,011
6	\$60,255	\$5,022	\$1,159
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Grant County Board of Education**, **Jim Lacey 859-824-3323**.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. 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: Grant County Schools Food Service, 505 South Main Williamstown, KY 41097
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Grant County Schools Food Service, Margaret Prewitt, 859-824-2875 or Margaret.prewitt@grant.kyschools.us immediately.

- 5. CAN I APPLY ONLINE? NO, not at this time!
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. 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.
- 10. 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: **Matt Morgan, 859-824-3323 or Matt.morgan@grant.kyschools.us**
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Margaret Prewitt**, 505 South Main Williamstown, KY 41097; 859-824-2875 to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call USDA SNAP Hotline Number at (800) 221-5689.

If you have other questions or need help, call **859-824-2875**Sincerely,

Margaret Prewitt, School Food Service Director

2015-2016 Grant County Schools Application for Free and Reduced Price

Printed name of adult completing the form	Street Address (if available)	"I certify (promise) that all informatic false information, my children may lo	STEP 4 Contact			Members section.	Sources of Income for Adults section will help you with the	you with the Child Income guestion. The	more information. The Sources of Income for Children	Please read How to Apply for Free and Reduced Price	STEP 3 Report In		STEP 2 Do any H	definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	income and expenses, even if not related." Children in Foster care and children who meet the	Definition of Household Member: "Anyone who is living with you and shares	STEP1 List ALL
g the form	Apt#	"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Contact information and adult signature	Total Household Members (Children and Adults)				Name of Adult Household Members (First and Last)	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) ev whole dollars only. If they do not receive income from any source, write	A. Child Income Sometimes children in the household earn inclisted in STEP 1 here.	Report Income for ALL Household Members	If you answered NO > Complete STEP 3.	ousehold Members (including you			Child's First Name	ALL Household Members who are infants, child
Signature of adult completing the form	City State	orted. I understand that this information is given in connectic icable State and Federal laws."	Ü	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member				Earnings from Work Weekly Bi-Weekly 2x Month Monthly	ncluding yourself) P 1 (including yourself) even if they do not receive me from any source, write '0'. If you enter '0' or leave	A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Househol listed in STEP 1 here.	ers (Skip this step if you answered 'Yes' to STEP 2)	If you answered YES > Write a case number here then	Do any Household Members (including you) currently participate in one or more of the follo			MI Child's Last	List ALL Household Members who are infants, children, and students up to and including gra
	te Zip	on with the receipt of Federal funds, and that		SN) of XXXXX	* *	4	4 4	Public Assistance/ Child Support/Alimony Weekly	i income. For each Household Membe e any fields blank, you are certifying (p	d Members	STEP 2)	er here then go to STEP 4 (Do not complete STEP 3)	of the following assistance pr			Last Name	
Today's date	Daylime Phone and Email (optional)	given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give		Check if no SSN	\$ 0000 \$ 0000	\$		Bi-Weekly 2x Month Monthly Bi-Weekly 2x Month Monthly All Other Income Weekly Bi-Weekly 2x Month Monthly	they do receive income, report total income for that there is no income to report.	Child income Weekly Bi-Weekly 2x Month Monthly		omplete STEP 3) Case Number: Write only one case number in this space.	wing assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No	Click all t	hat apply	Student? Student? Foster Migrant, Yes No Child Runavay	de 12 (if more spaces are required for additional names, attach another sheet of paper)

OPTIONAL Children's Racial and Ethnic Identities

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community

			☐ Not Hispanic or Latino	☐ Hispanic or Latino	Ethnicity (check one):
☐ White	☐ Native Hawaiian or Other Pacific Islander	☐ Black or African American	☐ Asian	American Indian or Alaskan Native	Race (check one or more):

in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or into violations of program rules. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, 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 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 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 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 Supplemental Nutrition 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

Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer 9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal

		idrawn:	Date Dropped/Withdrawn:
Date:		ignature:	Verifying Official's Signature:
☐ Changed to reduced ☐ Changed to free	Changed to Paid	☐ Status did not change	Verification results:
		fication	☐ Selected for Verification
Date:		Signature:	Confirming Official's Signature:
Date:		l's Signature:	Determining Official's Signature:
Date denial notice sent:			Reason for Denial:
		☐ Reduced ☐ Denied	Eligibility: 🔲 Free
d Start) was extended to all other children in the	s, migrant, runaway, Hea	\square Categorical Eligibility (except foster, homeless, migrant, runaway, Head Start) was extended to all household	☐ Categorical Eligib household
☐ Other Source (Homeless/Migrant/Runaway)	□ DC (SNAP/KTAP/Medicaid/Foster)		Categorical Eligibility Reason:
□ This is an error-prone application (monthly income within \$100 below, or annual income within \$1,200 below, the income eligibility limitation for free or reduced price meals).	:ome within \$100 below als}.	\square This is an error-prone application (monthly income ligibility limitation for free or reduced price meals).	☐ This is an error-peligibility limitation
Per: □ Week □ Every 2 Weeks □ Twice A Month □ Month □ Year	Per: Week Eve	Total Income:	Household size:
Annual Income Conversion: Weekly x 52, Every 2 Weeks (Bi-weekly) x 26, Twice A Month (Semi-monthly) x 24, Monthly x 12 (Convert to yearly if more than one pay frequency is reported. Do not convert if all pay frequencies are the same)	bo NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. feeklyx52, Every2 Weeks (Bi-weekly)x26, Twice A Month (Semi); than one pay frequency is reported. Do not convert if all pay f	version: Weeklyx52, Every2 rly if more than one pay frec	Annual Income Con (Convert to yea