

**Letter to Households (Public Schools)
National School Lunch Program/School Breakfast Program**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

| Grade Level | REGULAR | | | REDUCED-PRICE | | | |
|-------------|-----------|-------|-------|---------------|-------|--------------------|-------|
| | Breakfast | Lunch | Snack | Breakfast | Lunch | | Snack |
| | | | | | K-3 | All Other Students | |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

WHO SHOULD FILL OUT AN APPLICATION?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

Turn in the application to _____.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at _____.

| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|---------------------------------|----------|---------|-----------------|-----------------|--------|
| 1 | \$21,775 | \$1,815 | \$ 908 | \$ 838 | \$ 419 |
| 2 | 29,471 | 2,456 | 1,228 | 1,134 | 567 |
| 3 | 37,167 | 3,098 | 1,549 | 1,430 | 715 |
| 4 | 44,863 | 3,739 | 1,870 | 1,726 | 863 |
| 5 | 52,559 | 4,380 | 2,190 | 2,022 | 1,011 |
| 6 | 60,255 | 5,022 | 2,511 | 2,318 | 1,159 |
| 7 | 67,951 | 5,663 | 2,832 | 2,614 | 1,307 |
| 8 | 75,647 | 6,304 | 3,152 | 2,910 | 1,455 |
| For each additional member add: | +7,696 | +642 | +321 | +296 | +148 |

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

WHAT MUST BE ON THE APPLICATION?

- A. For households not getting any assistance:**
- Student's name
 - Names of all household members
 - Income by source for all household members
 - Adult household member's signature
 - Last 4 digits of social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 4. Parts 5 and 6 are optional.

B. For a household with only a foster child(ren):

- Student's name
- Adult household member's signature

Complete Parts 1 and 4. Parts 5 and 6 are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

C. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. Households not getting any assistance" and include the foster child's personal use income.

D. For a family getting Basic Food/TANF/FDPIR:

- List all student names and case number where appropriate
- If the student is not the one with a case number, enter the household member's name and their case number
- Adult household member's signature

Complete Parts 1 and 4. Parts 5 and 6 are optional.

WHAT IF I'M NOT RECEIVING BASIC FOOD DOLLARS?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you must apply for free and reduced-price meal benefits by filling out a meal application and returning it to your child's school.

DO MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Yes. Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. If someone else in the household has a case number, other than a student or a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to http://www.foodhelp.wa.gov/basic_food.htm.

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.

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.

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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

HEALTH COVERAGE

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

WHAT IF MY CHILD NEEDS SPECIAL FOODS?

All meals served meet the federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge if your child's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with _____, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number _____.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDIPIR, you may be eligible for benefits and may fill out an application at that time.

NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of any individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) 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) 632-9992 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, 1400 Independence Ave S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at <mailto:program.intake@usda.gov>. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Check here if you received meal benefits last year.

2015-16 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Complete, sign and return this application to _____

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.
If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box. Homeless Migrant

| Student's Last Name | Student's First Name | MI | Foster Child | Date of Birth | School | Grade | Student Income | Weekly | Every 2 weeks | 2X Month | Monthly | Does the student receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box. | | | |
|---------------------|----------------------|----|--------------|---------------|--------|-------|----------------|--------|---------------|----------|---------|--|-------------------------------------|-------------------------------|--------------------------------|
| | | | | | | | | | | | | Case # _____ | Basic Food <input type="checkbox"/> | TANF <input type="checkbox"/> | FDPIR <input type="checkbox"/> |
| | | | | | | | \$ | | | | | Case # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$ | | | | | Case # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$ | | | | | Case # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$ | | | | | Case # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$ | | | | | Case # _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If any household member does not receive income, write 0. If you enter 0 or leave income sections blank, you are promising that there is no income to report. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.

| Names of ALL other household members (do not include names of students listed above) | Foster Child | Earnings from work (before any deductions) | Weekly | | | Child Support, Alimony | Weekly | | | Pensions, Retirement, Social Security (SSI) | Weekly | | | Any Other Income Not Already Listed | Weekly | | | Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box. | | |
|---|--------------|---|---------------|----------|---------|------------------------|---------------|----------|---------|---|---------------|----------|---------|-------------------------------------|---------------|----------|---------|--|--------------------------|--------------------------|
| | | | Every 2 weeks | 2X Month | Monthly | | Every 2 weeks | 2X Month | Monthly | | Every 2 weeks | 2X Month | Monthly | | Every 2 weeks | 2X Month | Monthly | Basic Food | TANF | FDPIR |
| | | \$ | | | | \$ | | | | \$ | | | | \$ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | | | | \$ | | | | \$ | | | | \$ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | | | | \$ | | | | \$ | | | | \$ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | | | | \$ | | | | \$ | | | | \$ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | \$ | | | | \$ | | | | \$ | | | | \$ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Total Household Members (include all people living in your household): _____
4. Signature and Social Security Number – 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 my child's eligibility status may be shared as allowed by law.

Printed Name of Adult Household Member _____

Mailing Address _____ Street Address (if available) _____

City & Zip Code _____ Home Phone _____ Work/Cell Phone _____

Last 4 digits of your social security number: _____
 OR, if you do not have a social security number, check the box:

Adult Household Member Signature _____ Date _____

Email Address _____

5. Children’s Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

6. Other Benefits – Please check the box in front of the programs that you wish to share your child’s free or reduced price meal status with in order to qualify for a reduction in fees:

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

Parent/Guardian Signature

Date

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 Supplemental Nutrition Assistance Program (Basic Food), 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.

**SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child (categorically free)

Total Household Size _____

Total Household Income \$ _____

Income Approved by (check one): weekly every two weeks 2 times a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date