

**LETTER TO PARENTS
2011-2012**

Dear Parent/Guardian:

Children need healthy meals to learn. **Elbert School District** offers healthy meals every school day. Lunch cost **K-6-\$2.25, JR/High School- \$2.50**. Your children may qualify for free meals or for reduced price meals.

Complete 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: Elbert School District, 24489 Main Street, Elbert, CO 80106, (303) 648-3030.**

Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (the Food Stamp Program) and most foster children can get free meals regardless of your income. Your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
- 2. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 3. Can homeless, runaway, and migrant children get free meals?** Please call **Kelli Loflin, 303-648-3030** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.
- 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 receiving SNAP. 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: **[Elbert School District, 24489 Main Street, Elbert, CO 80106, (303) 648-3030]**.
- 7. 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 a U.S. citizen to qualify for free or reduced price meals.
- 8. Whom should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.
- 10. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 11. 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.

If you have other questions or need help, call **Pam Eads at (303) 648-3030**.

Sincerely,

Pam Eads

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 children for free or reduced price meals. You must include 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) case number 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 children are 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.

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, 1400 Independence Avenue, S.W., Washington DC 20250-9410*, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

Part 1: List each child's name, school, grade, and a SNAP case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

ALL OTHER HOUSEHOLDS, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report all 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 not listed in Part 1. 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, 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.** Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).

All Other Income: List the total amount each person got last month from **all other sources.** Include 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. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: 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.

INCOME TO REPORT:

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/
Investments
Regular contributions from people not living in the household
Net royalties/annuities/
net rental income
Any other income

ATTACHMENT B 2009-2010 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS
(This form may only be used if participating in the federal Child Nutrition Programs)

 Last Name(s) of Family

 Mailing Address, City, Zip Code

 Telephone Number

INSTRUCTIONS: Complete the application, sign your name, and return application to school.

1. STUDENT INFORMATION: PRINT each child's name, school and grade.
 (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School name	Grade	SNAP case # (if any). Skip to Part 5 if you list a SNAP case number #

2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call
 [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

4. Total Household Gross Income from Last Month

3. Foster Child, check here: []

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: \$_____ (Write "0" if the child has no personal use income); Skip to Part 5.

NAME (List everyone in household)	Last month's income and how often it was received. Example: \$100/monthly \$100/twice a month \$100/weekly				Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

5. Signature and Social Security Number: (Adult MUST sign)

An adult household member must sign the application. If Part 4 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.

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.

Social Security Number: _____ - _____ - _____ Check if you do not have a Social Security Number

Sign here: X _____ **Date** _____

*****Do Not Write Below This Line. 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: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason: _____

Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

