

**MULTI-USE**

**2009-10**

**Letter to Households  
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 to those children who qualify for free and reduced-price meals at no cost. Lunches served to children who qualify for reduced-price meals in kindergarten through 3<sup>rd</sup> grade will be made available at no cost. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
K-5	\$1.25	\$2.25	\$NA	\$0.00	\$0.00	\$0.40	\$NA
6-8	\$1.25	\$2.50	\$NA	\$0.00	\$	\$0.40	\$NA

All meals meet 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 needs this assistance, please contact us.

**WHO SHOULD FILL OUT AN APPLICATION?**

If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to your child's school or to the district office. Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied.

Look at the chart. Find your household size. Find your total household income. If members in the household are paid at different frequencies and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

Foster children MAY be eligible for free and reduced-price meals regardless of your income. Each foster child needs their own application. If you have questions about applying for meal benefits for foster children, please contact us.

INCOME CHART Effective from July 1, 2009 to June 30, 2010					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each Additional member add:	+6,919	+577	+289	+267	+134

**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. Do not include foster children.

**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.

**WHAT MUST BE ON THE APPLICATION?**

**For a family getting Basic Food/TANF/FDPIR:**

- Child's name
- Basic Food, TANF, or FDPIR case number
- Adult household member's signature

**For a foster child:**

- Child's name (one per application)
- Child's personal use income
- Adult's signature

**For households not getting Basic Food/TANF/FDPIR:**

- Child's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- 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)

**(FOR HELP WITH APPLICATION, PLEASE CALL -CAROL TRUDEAU 253-862-2776 EX 3512)**

## DEPARTMENT OF SOCIAL & HEALTH SERVICES MATCH

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

## BASIC FOOD – FIND OUT IF YOU QUALIFY

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. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to [http://www.foodhelp.wa.gov/basic\\_food.htm](http://www.foodhelp.wa.gov/basic_food.htm).

## FREE OR LOW-COST HEALTH INSURANCE

If you would like free or low-cost health insurance for your children, call Apple Health for Kids to request an application: toll free 1-877-543-7669. The health coverage may include doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You may also find information or print an application at their website: <http://hrsa.dshs.wa.gov/applehealth/index.shtml> Call or log-on today to receive more information.

## 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 DR. JUDY NEUMEIER-MARTINSON, 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 253-862-2537.

## 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 FDPIR, 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 in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**SCHOOL YEAR 2009-10** **Attachment 8**  
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS**  
**NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

<b>PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS</b>								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

<b>PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE</b>							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

**PART 2b LIST HOUSEHOLD MEMBERS AND INCOME**  
Do not complete this section if you completed Part 1. List the names of EVERYONE living in your household, including yourself and any children listed in Part 2a. Write the amount of income (earnings BEFORE DEDUCTIONS) each person now gets and how often on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. Income **must** be reported as weekly, every two weeks, twice a month, or monthly. Do not include foster children.

NAMES of Household Members (First, MI, Last)	Check if NO Income	Earnings from Work (List Amount/How Often, Earnings before deductions) Job 1      Job 2	Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Payments (List Amount/How Often)	Other Income (List Amount/How Often)
(example) Jane I. Smith	<input type="checkbox"/>	List how much & how often for example: \$100/weekly, \$100/every two weeks, \$100/twice a month, \$100/monthly.			
1.	<input type="checkbox"/>				
2.	<input type="checkbox"/>				
3.	<input type="checkbox"/>				
4.	<input type="checkbox"/>				
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				

<b>PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income</b>				
Child's Name	Child's Personal Use Income: (List amount/How often)	School	Room	Grade

**PART 4: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS**  
An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Please sign here: X _____		_____
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

**PLEASE TURN OVER**

If you would like information on free or low-cost health insurance for your kids, call 1-877-543-7669.

**PART 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

**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 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 (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 programs 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

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by: weekly every two weeks twice a month monthly annual  
(circle one)

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Reduced-Price

Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_ Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME		COMMENTS	RESULTS		REASON FOR ELIGIBILITY CHANGE	
\$						
	Wage Stubs			No Change		Income
	Written Documents			Free to Reduced		Household Size
	Collateral Contact			Ineligible		Did Not Respond
	Agency Records			Reduced-Price to Free		Other:
	Other			Free to Paid		
				Reduced-Price to Paid		
Date of Change _____		Date Adverse Notice Sent _____				
Signature of Verifying Official _____				Date _____		