This letter is to be returned.

Dear Parent/Guardian:

The _____School offers a choice of healthy meals each school day. Children may buy lunch for _____ and breakfast for _____. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or a reduced price of _____ for lunch and _____ for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by a doctor. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

Your child can get free school meals if you get SNAP, Temporary Assistance for Needy Families (TANF) or benefits from the Food Distribution Program on Indian Reservations (FDPIR). If your total household income is the same or below the amount on the Income Chart, your child can get meals either free or at a reduced price.

How do I get free or reduced price school meals for my child? You must complete the Free and Reduced Price School Meal Application and return it to the school.

- ***Households getting SNAP, TANF, or benefits from FDPIR.*** You only have to include your child's name and case number, and an adult household member must sign the form.
- ***Households that do not get SNAP, TANF, or benefits from FDPIR.*** If you do not have a case number, you must include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the form and include the last four digits of his/her social security number, or indicate that he or she has none.
- ***Households with a foster child.*** You only have to include the child's name and check the box indicating that the child is a Foster Child on the Meal Application, and an adult must sign the form.

2015-2016 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME	
Household Size	Monthly
1	1,851
2	2,456
3	3,098
4	3,739
5	4,380
6	5,022
7	5,663
8	6,304
For each additional family member add:	
	642

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your form. You also may ask for a fair hearing by calling or writing to:

_____ Phone:_____

Address_____

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get 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.

Can I apply for free and reduced price meals later? 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 a decrease in household income, an increase in household size, become unemployed or get SNAP, TANF or benefits from FDPIR, complete a form then.

We will let you know if you are approved or denied.

Sincerely,

HOW TO COMPLETE THE FREE AND REDUCED SCHOOL MEAL APPLICATION

Please complete the Free and Reduced School Meal Application using the instructions below. Sign the form and return it to _____ If you need help, call: #_____.

1 CHILD INFORMATION: Print your child's name.

(a) If you are applying for school meals, include your child's grade and the name of the school.

(b) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

BENEFITS: Complete this Part and sign the form in #3.

(a) If you are applying for school meals, list your current SNAP or TANF case number(s) for your child(ren).

(b) Sign the form in #3. An adult household member must sign. You do not have to list a social security number.

FOSTER CHILDREN: Complete this part and sign the form in #3. (Foster children may be directly certified.)

(a) A foster parent or other official representing the child must sign the form in #3. You do not have to list a social security number.

(b) Foster children should be included as a household member. This may help other household members qualify for benefits.

2 ALL OTHER HOUSEHOLD MEMBERS: Complete this Part and sign the form in #3.

(a) Write the names of everyone in your household other than those listed above in #1. Include yourself, your spouse, and all other household members.

(b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

(c) If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.

(d) Sign the form and include the last four digits of your social security number in #3. *If you do not have a social security number, check the appropriate box.*

3 SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

(a) The form must have the **signature** of an adult household member.

(b) The adult household member who signs the statement must include the **last four digits of his/her social security number**. *If he/she does not have a social security number, check the appropriate box.* A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

4 OTHER BENEFITS: Optional. You may complete this section only if you wish to receive information about Medicaid or Cub Care benefits.

5 ETHNIC/RACIAL IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or form

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony/child support payments
Foster child income

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

Other Monthly Income/Self-employment
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income