

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION 2011-2012

Dear Parent/Guardian:

Children need healthy meals to learn. Our school offers healthy meals every school day. **Breakfast costs \$.75; lunch costs \$3.00.** Your children may qualify for free meals or for reduced price meals. **Reduced price is \$.30 for breakfast and \$.40 for lunch.**

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No, but you must: 1) complete an application for each public charter school your child(ren) attend; 2) complete an application for each private school your child(ren) attend; and 3) complete one application for all public DOE schools your child(ren) attend. For example, if there are four children in your household, one attends a public charter school, one attends a private school, one attends a public DOE elementary school, and one attends a public DOE high school, you would need to complete three application forms. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: MARGO KAWAMOTO, HĀLAU HO'OLAKO 890-8144.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. See income guidelines on back.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call the school, homeless liaison or migrant coordinator to see if they qualify.
5. **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 Eligibility Income Chart. See income guidelines on back.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 890-8144 if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
8. **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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **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.
11. **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: TAFFI WISE, P.O. BOX 398 KAMUELA, HI. 96743.
12. **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 U.S. citizens to qualify for free or reduced price meals.
13. **WHO 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally 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.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to basic pay because of deployment and it wasn't received before deployment, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 211.

If you have other questions or need help, call Margo Kawamoto at 890-8144. Applications are available in other languages at <http://www.fns.usda.gov/cnd/frp/frp.process.htm>. *Si necesita ayuda, por favor llame al teléfono:* Margo Kawamoto 890-8144.

Sincerely,
Margo Kawamoto
SASA

OHCNP 5/2011

INSTRUCTIONS FOR APPLYING SY 2011-2012

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP, OR TANF OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:

Part 1: List all students, date of birth, name of school, and grade for each child

Part 2: List the case number for **any** household member (including adults) receiving SNAP or TANF or FDPIR benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS: SEE INCOME GUIDELINES FOR FREE AND REDUCED ON BACK

Part 1: List all students, date of birth, name of school, and grade for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact your school.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households below.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children, date of birth, school name, and grade for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all students, date of birth, name of school, and grade for each child. Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact your school. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box A – 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. Attach another sheet if you need more space.
- **Box B – Check if NO income:** For any person, including children, with no income, you must check the “No Income” box.
- **Box C – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: SEE INCOME GUIDELINES ON BACK

Part 1: List all students, date of birth, name of school, and grade for each child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact your school. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box A – 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. Attach another sheet if you need more space.
- **Box B – Check if NO income:** For any person, including children, with no income, you must check the “No Income” box.
- **Box C – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer, this question if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION SY 2011-2012

Return the completed application to the school where your child attends.

PART 1. SCHOOL AGE CHILDREN (If some children attend private school and some attend charter schools, please submit separate applications).						
Legal Name of <u>All</u> Students (First, Middle Initial, Last)	Check if a foster child*	Date of Birth MM/DD/YYYY	Name of School for each child	Grade		
1.	<input type="checkbox"/>	--/--/----				
2.	<input type="checkbox"/>	--/--/----				
3.	<input type="checkbox"/>	--/--/----				
4.	<input type="checkbox"/>	--/--/----				
5.	<input type="checkbox"/>	--/--/----				
*Legal responsibility of welfare agency or court. If all children listed in PART 1 are foster children, skip to PART 5 to sign this form.						
PART 2. BENEFITS If any member of your household receives SNAP, FDPIR or TANF CASH ASSISTANCE, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, skip to part 3. NAME: _____ CASE NUMBER: _____						
PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL THE LIAISON/COORDINATOR AT _____. HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>						
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.						
A. NAME ALL HOUSEHOLD MEMBERS <i>Including students listed above. If you need additional space, please attach another page</i>		B. Check if NO income				
		C. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
		Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	
<i>(Example) Jane Smith</i>		<input type="checkbox"/>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/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"/>	\$____/____	\$____/____	\$____/____	\$____/____
7.		<input type="checkbox"/>	\$____/____	\$____/____	\$____/____	\$____/____
PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)						
An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)						
<i>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>						
Sign here: _____		Print name: _____		Date: _____		
Address: _____		City: _____		State: _____ Zip Code: _____		
Last four digits of Social Security Number: ***-**-____		<input type="checkbox"/> I do not have a Social Security Number				
PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)						
<i>Choose one ethnicity:</i>		<i>Choose one or more (regardless of ethnicity):</i>				
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> White		<input type="checkbox"/> Black or African American		
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander				
DO NOT FILL OUT THIS PART. THIS IS FOR 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: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year		Household size: _____		
Categorical Eligibility: <input type="checkbox"/> SNAP/TANF <input type="checkbox"/> SP-38 <input type="checkbox"/> Foster Child <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless						
Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason: _____						
Temporary: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Expires: _____		Date Withdrawn: _____				
Incomplete/Missing: <input type="checkbox"/> SS# <input type="checkbox"/> HH Members <input type="checkbox"/> HH Income <input type="checkbox"/> Signature <input type="checkbox"/> Income Frequency <input type="checkbox"/> Other _____						
Determining Official's Signature: _____		Date: _____				
Confirming Official's Signature: _____		Date: _____				
Follow-up Official's Signature: _____		Date: _____				

SEE INCOME GUIDELINES ON BACK.

This institution is an equal opportunity employer and provider.

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Income Chart					
Effective from July 1, 2011 – June 30, 2012					
Family			Twice per	Every Two	
Size	Yearly	Monthly	Month	Weeks	Weekly
1	23,199	1,834	967	893	447
2	31,321	2,611	1,306	1,205	603
3	39,442	3,287	1,644	1,517	759
4	47,564	3,964	1,982	1,830	915
5	55,685	4,641	2,321	2,142	1,071
6	63,807	5,318	2,659	2,455	1,228
7	71,928	5,994	2,997	2,767	1,384
8	80,050	6,671	3,336	3,079	1,540
For each additional household member add:	+8,122	+677	+339	+313	+157

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 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 (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 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.

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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."