

LETTER TO HOUSEHOLDS - CHARGE

Dear Parent or Guardian:

Children need healthy meals to learn. Linton Public School offers healthy meals every school day. Breakfast costs \$1.80 lunch costs \$2.70. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0 (30 cents paid by the state) for breakfast and \$.40 for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. Use 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: Linton PU
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
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?** If you haven't been told your children will get free meals, please call the school at _____ to see if they qualify.
5. **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.
6. **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.
7. **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.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of income.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY 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 TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
10. **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: _____
11. **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.
12. **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 living with you.
13. **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.
14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, it must be included as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

FEDERAL INCOME CHART
For School Year 2016-2017

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$21,978	\$29,637	\$37,296	\$44,955	\$52,614	\$60,273	\$67,951	\$75,647	\$7696
Monthly	\$1,832	\$2,470	\$3,108	\$3,747	\$4,385	\$5,023	\$5,663	\$6,304	\$642
Weekly	\$423	\$570	\$718	\$865	\$1,012	\$1,160	\$1,307	\$1,455	\$148

If you have other questions or need help, call _____

Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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2016-2017 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: *Anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	Child's Last Name	Student?		School, if applicable	Grade, if a student	Foster Child	Homeless, Migrant, Runaway
			Yes	No				
			<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"/>	<input type="checkbox"/>

Click all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____ Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Please read Letter to Households for more information.

Farm, Business or Self-employment Income: Please add the sum of tax form 1040 lines 12, 13, 14, 17 and 18. Enter any profit under "All other income". Write "annual" in the space with the circles. Report any loss as a zero.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL gross income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Social Security/Child Support/Alimony			Pensions/Business/All Other Income					
	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly	2x-Month	Monthly
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				
	\$			\$				\$				

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN

STEP 4 Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

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

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex,

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Calculating Yearly Income

- If paid weekly, multiply the weekly gross income by 52.
- If paid bi-weekly, multiply the gross income by 26.
- If paid twice a month, multiply the gross income by 24.
- If paid once a month, multiply the gross income by 12.

Date Received:	Date of Approval & Notification to Family:
Determination: <input type="checkbox"/> Approved Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied	
Reason for Denial:	
Signature of Determining Official:	
Signature of Confirming Official:	Date of Confirmation:
Date of Verification:	Did Verification Change the Determination: <input type="checkbox"/> Yes <input type="checkbox"/> No

gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call

(866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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**Department of Public Instruction
Child Nutrition and Food Distribution Programs**

**Income Eligibility Guidelines
July 1, 2016 to June 30, 2017**

Free Meals – 130 Percent

Reduced Price Meal – 185 Percent

Household Size	Yearly	Monthly	Weekly	Household Size	Yearly	Monthly	Weekly
1	\$15,444	\$1,287	\$297	1	\$21,978	\$1,832	\$423
2	\$20,826	\$1,736	\$401	2	\$29,637	\$2,470	\$570
3	\$26,208	\$2,184	\$504	3	\$37,296	\$3,108	\$718
4	\$31,590	\$2,633	\$608	4	\$44,955	\$3,747	\$865
5	\$36,972	\$3,081	\$711	5	\$52,614	\$4,385	\$1,012
6	\$42,354	\$3,530	\$815	6	\$60,273	\$5,023	\$1,160
7	\$47,749	\$3,980	\$919	7	\$67,951	\$5,663	\$1,307
8	\$53,157	\$4,430	\$1,023	8	\$75,647	\$6,304	\$1,455
For each additional family member, add	\$5,408	\$451	\$104	For each additional family member, add	\$7,696	\$642	\$148

NOTE: Do not allow hardship deductions from the above

Reminders

*Multiply income that is received every 2 weeks (biweekly) by 26 to arrive at annual income.

*Multiply weekly income by 52 to arrive at annual income.

*Gross or total income must be used in determining eligibility for wage earners.

*A net loss from a business or farm may not be used to offset other income.