Complete one application per family

GUILFORD COUNTY SCHOOLS
FREE AND REDUCED MEAL APPLICATION
2009-2010

Questions? Call (336) 370-3266

2009-2010 FREE AND REDUCED APPLICATION

Dear Parent/Guardian:
Children need healthy meals to learn. Guilford County Schools offers healthy meals every school day. Breakfast costs **$.90 (K-5), $1.00 (6-12)**, lunch costs **$2.30 (K-5), $2.40 (6-8), $2.50 (9-12).** Your children may qualify for free meals or for reduced price meals. Reduced price is **$.30** for breakfast and **$.40** for lunch.

1. Do I need to fill out an application for each child? No. 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 your child's school or mail to: School Nutrition Services, Guilford County Schools, 501 W. Washington St., Greensboro, NC 27401.**

2. Who can get free meals? Children in households getting Food Stamps or Work First and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway, and migrant children get free meals? Please call **336-370-2329** 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 shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free and reduced price meals? Please read the letter you got carefully and follow the instructions. Call the School Nutrition Office at **(336) 370-3266** if you have questions.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. 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 getting Food Stamps, Work First or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

INCOME ELIGIBILITY GUIDELINES FOR FREE OR REDUCED PRICED MEALS

EFFECTIVE JULY 1, 2009 THROUGH JUNE 30, 2010

Family Size	Yearly	Monthly	Weekly
1	$20,036	$1,670	$386
2	$26,955	$2,247	$519
3	$33,874	$2,823	$652
4	$40,793	$3,400	$785
5	$47,712	$3,976	$918
6	$54,631	$4,553	$1,051
7	$61,550	$5,130	$1,184
8	$68,469	$5,706	$1,317
Each additional household member add:			
	$6,919	$577	$134

9. 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: **Hearing Officer, 120 Franklin Blvd, Greensboro, NC 27401, 336-370-8154.**

10. May I apply if someone in my household is not a US citizen? Yes. You or your children do not have to be a US citizen to qualify for free or reduced price meals.

11. 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). You must include yourself and all children who live with you.

12. 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. If you normally get overtime, include it, but not if you get it only sometimes.

13. 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.

If you have other questions or need help, call **336-370-3266.**
Sincerely, Cynthia Sevier-Child Nutrition Director

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 on this application, 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 Food Stamp Program, 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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INSTRUCTIONS FOR COMPLETING APPLICATION

Section 1 – STUDENT INFORMATION: For each student, please print the student's name, (first name, middle initial, last name), a current Work First/Food Stamp Case # (if applicable)-t**he EBT card number is not acceptable, any income received by the student (includes wages from employment, social security, etc)**, child's grade and the name of the school the student will attend. If the student receives income, please enter their gross income (with cents included) and how often it is received. **In the income frequency box enter A for annually, M for monthly, T for twice a month, E for every other week and W for weekly.** If the child has no income, **check the "check if NO income" box**. *All other income:* List the amount the student got last month from Social Security and all other income sources. Next to the amount, write the frequency that the student receives it.

1a. **HOUSEHOLDS WHO GET WORK FIRST/FOOD STAMP ASSISTANCE**: List a current Work First/Food Stamp case number for each child. If all students on the application receive Work First/Food Stamp Assistance, do not give household income information. The adult who is signing the form **MUST** list their name on line 1 of Section 2 (Household Members).

1b. **HOUSEHOLDS WITH A FOSTER CHILD: Complete Sections 1 and 2**. A foster child is a child who is living with a family or in a group home but who remains the legal responsibility of a welfare agency or court. **A foster child is considered a family of one and a separate application should be completed for each foster child.** List the foster child's monthly "personal use" income. Write "0.00" if the foster child does not get "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. The foster parent or official representing the child in Section 1 must put first and last name on line one in **Section 2** and must sign the application.

**** NOTE: SOCIAL SECURITY NUMBER IS NOT REQUIRED FOR HEAD OF HOUSEHOLD WHO IS COMPLETING SECTION 1A OR 1B.**

Section 2 - HOUSEHOLD INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART. Please print the names of all Household Members, excluding the students listed above. The adult who is signing the form **MUST** be listed in line 1. Next to each person's name, enter the gross income (including cents) each person earns and how often it is received. Use the income frequency box to enter **A for annually, M for monthly, T for twice a month, E for every other week or W for weekly**. List the amount that you normally receive. 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. *All other income:* List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security (third column), and all other income sources. Next to the amount, write the frequency that the person receives it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. If you have NO INCOME, check the "Check if NO income" box. The application will be considered incomplete otherwise.

Section 3 – HOMELESS/MIGRANT/RUNAWAY: 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 336-370-2329 to see if your child(ren) qualify.

Section 4 – WAIVER OF PRIVACY ACT: Answer this question if you choose to. (Sign in appropriate space if you answer this question)

Section 5 – **RACE/ETHNIC IDENTITY (OPTIONAL)**: Answer this question if you choose to.

Section 6 – CONTACT INFORMATION, CERTIFICATION, SIGNATURE AND DATE: Print your mailing address, city, state and zip code and enter a daytime phone number where you can be reached. **Print the Social Security Number of the adult household member who is signing the form** (if the signing adult does not have a Social Security #, check the box). After reading the certification, the form should be signed and dated.

ALL APPLICATIONS MUST BE SIGNED AND DATED BY THE HEAD OF HOUSEHOLD LISTED IN SECTION TWO IN ORDER TO BE PROCESSED.

1. **RETURN TO**: After the Head of Household has completed and signed the application, **please tear along the perforated line** and **return the application to your child's school** or mail to: **School Nutrition Services, Guilford County Schools, 501 W. Washington St., Greensboro, NC 27401.** Keep the instruction page for reference.
2. **NOTIFICATION**: You will be notified by mail when the application is approved or denied. It may take ten working days to process your application.