



DEPARTMENT OF EDUCATION
KA OIHANA HO'ONA'AUAO

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

July 1, 2023

Dear Parent/Guardian:

Children need healthy meals to learn. Hawaii's public schools offer healthy meals every school day. Breakfast costs \$1.10, lunch costs \$2.50 for elementary and \$2.75 for secondary students. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This is an application for free or reduced price meal benefits, and a set of detailed instructions. Completing this application is **voluntary**. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income falls at or below the limits of the Federal Income Eligibility Guidelines (see chart below).

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2023-2024

Household Size	Yearly	Monthly	Weekly	Household Size	Yearly	Monthly	Weekly
1	\$ 31,025	\$ 2,586	\$ 597	5	\$ 74,759	\$ 6,230	\$ 1,438
2	\$ 41,958	\$ 3,497	\$ 807	6	\$ 85,692	\$ 7,141	\$ 1,648
3	\$ 52,892	\$ 4,408	\$ 1,018	7	\$ 96,626	\$ 8,053	\$ 1,859
4	\$ 63,825	\$ 5,319	\$ 1,228	8	\$ 107,559	\$ 8,964	\$ 2,069
				For each additional person:			
					\$ 10,934	\$ 912	\$ 211

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are there any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your child's school for further assistance.
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** If all children in your household attend a State of Hawaii Department of Education (DOE) public school, you need only submit one application for the household. However, if some children within your household attend public charter schools or private schools, you will need to contact those schools to attain the appropriate meal application form. 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 separate application forms. We do not process applications for public charter schools or private schools. We cannot approve an application that is incomplete, so be sure to fill out all required information. Return the completed application to your child's school or mail it directly to: School Food Services Branch, 1106 Koko Head Avenue, Honolulu HI 96816.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your child's school immediately.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for last school year and for the first few days of this school year. Any applications approved prior to July 1, 2023, will not be applicable for the 2023 - 2024 school year. Unless you have received an eligibility notification for the school year 2023 - 2024, you must complete a new application. Failure to complete a new application will result in a change to your child's status and your child will be charged full price for meals.
- RECEIVE ASSISTANCE FROM THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC). CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please submit an application.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, should you or someone in your household experience a loss of wages or becomes unemployed, you may choose to reapply and your child may be eligible for free and reduced price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION?** Please contact officials at your child's school. You also may ask for a hearing by calling (808) 784-5500 or in writing to the School Food Services Administrator, 1106 Koko Head Avenue, Honolulu, HI 96816.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a "0" in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members and required information on a separate piece of paper, and attach it to your application.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Hawaii SNAP or other assistance benefits, contact your local assistance office or call 211.
- CAN I APPLY ONLINE?** Yes! We encourage you to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit ezmealapp.com to begin or to learn more about the online application process. Contact the School Food Services Branch at 808-784-5500 if you have any questions about the online application process. If you have other questions or need help, please contact your child(ren)'s school.

Yours Truly,

Keith T. Hayashi
Keith T. Hayashi
Superintendent

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

Unpaid Meal Charge Policy

In accordance with the United States Department of Agriculture (USDA) Food and Nutritional Service (FNS) policy SP 48-2018: Unpaid Meal Charges - Local Meal Charge Policies and Hawaii Senate Bill 423, the following is the Department's policy:

- Students who are unable to pay for their meal at the point of service shall be allowed to incur (meal only) charges for the first 21 days of school;
- The parent/guardian shall be responsible to repay all meal charges that are incurred during the first 21 days of the school year, and
- After the first 21 days, unpaid meal charges should not exceed the cash equivalent of seven days.
Listed below are the total allowable chargeable amounts based on eligibility:
 - **Reduced price** student's meal charge limit is **\$4.90**.
 - **Full Paid** student's (K-8) meal charge limit is **\$25.20**.
 - **Full Paid** student's (9-12) meal charge limit is **\$26.95**.

Additionally, schools shall disallow the charging of a la carte or extra items by any child with a negative balance, regardless of the child's eligibility status.

Households may be reminded of their low lunch account balances by letters placed discreetly in take-home folders and/or phone calls. Parents may also set low balance reminders via EZSchoolPay.com where they can receive an email notification.

Parent/Guardian must pay off all student charges/loans. If a negative balance has been accumulated that is greater than the seven (7) day charge limit, students will not be able to purchase meals or other items until the negative balance is less than 7 days of charges.

All negative balances must be paid by the end of the school year.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. 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 state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program complaint of discrimination, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20A-ComplaintForm-0508-0002-508-11-28-17Eax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- **mail:**
 - U.S. Department of Agriculture
 - Office of the Assistant Secretary for Civil Rights
 - 1400 Independence Avenue, SW
 - Washington, D.C. 20250-9410;
- **fax:**
 - (833) 256-1665 or (202) 690-7442; or
- **email:**
 - program.inlake@usda.gov

This institution is an equal opportunity provider.

2023-2024 Application for Free and Reduced Price School Meals

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

Application # _____

How to Complete Application

This form is to apply for free or reduced price meals for the 2023 - 2024 School Year and is intended for students enrolled in a State of Hawaii Department of Education public school. For public charter school or private school students, please contact your child's school for assistance. Applications submitted prior to July 1, 2023 will not carryover to this school year.

Application should be legible, accurate, and complete. Any errors found could deem the application incomplete or delay processing.

Include ALL Household Members on your application. A **Household Member** is defined as "anyone who is living with you and shares income and expenses, even if not related."

You may opt to submit an online application at szmealapp.com.

STEP 1: LIST ALL CHILDREN IN HOUSEHOLD

List all children ages 18 and younger; infants/toddlers, children not in school, and elementary/middle/high school students that live in your household. They do not have to be related to you to be a part of your household.

STEP 1A. Child's Legal Name (First, Middle Initial (MI), Last)

- Clearly print child's legal name, including middle initial if applicable.
- Avoid using nicknames.
- One child per line. If there are more than 4 children in household please attach a separate sheet with all required information for additional children.
- Do NOT list unborn children. You may submit a new application once the child is born.

STEP 1B. Birthdate

- List student's correct date of birth; MM/DD/YYYY

STEP 1C. DOE Student

- A DOE Student is a child who is enrolled in a DOE public school.
- Check 'NO' if the child attends a charter school or a private school.
- Check 'NO' if the child is currently not enrolled at DOE public school even if you intend to enroll the child at a later date.

STEP 1D. Grade

- List the enrolled grade level of child

STEP 1E. Name of School

- List the name of the school the child is enrolled in

NOTE: Adopted children are not considered foster children.

- If you are ONLY applying for foster children, skip to STEP 4.
- If there are non-foster children on application, complete all the steps of the application.

STEP 1G. If you believe any child listed in this section meets the description of

- Migrant, Homeless, or Runaway**, complete all steps of the application. Migrant, Homeless or Runaway status must be determined by one of the following:
- A child is determined as Migrant by an official of the Migrant Education Program (MEP).
- A child is determined as Homeless or Runaway by the Homeless Concerns coordinator.

STEP 2: HOUSEHOLD PARTICIPATION IN SNAP OR TANF

- If you or anyone in your household currently participates in one of the following assistance programs listed below, your children are eligible for free school meals:
- The Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

DO NOT report the cash value of any public assistance benefits NOT listed on the chart.

STEP 4: SIGNATURE AND CONTACT INFORMATION

All applications MUST be signed by an adult Household Member. By completing and signing this section, the signee certifies the information provided is truthfully and completely reported. They certify that they have read and understand the privacy and civil rights statements on the back of this application.

Contact information is optional. Contact information provided may be used by determining agency to attain additional information in order to effectively process your application.

School Date Stamp/School Code _____

STEP 1

List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need a page for more names.

List ALL children in the household, including infants, toddlers, children not in school, and students in elementary/middle/high school that live in household.

A. Child's Legal Name			B. Birthdate	C. DOE Student		D. Grade	E. Name of the School	Check all that apply			
First Name	MI	Last Name	MM/DD/YYYY	Yes	No			Foster Child	Migrant	Homeless	Runaway
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refer to Instructions, STEP 1F & STEP 1G

STEP 2

Do any household members (including you) participate in SNAP or TANF?

NO > Continue to STEP 3.

YES > Write case number here and proceed to STEP 4

CASE NUMBER (NOT EBT NUMBER)

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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)

A. 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 with income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0' or leave fields blank. By leaving the field blank you are certifying that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How Often Received?					Public Assistance, Child Support, Alimony	How Often Received?					Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How Often Received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly	Weekly		Every 2 Weeks	2x Month	Monthly	
	\$	<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"/>	<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"/>	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or Other Adult Household Member (if applicable)

Check if no SSN

If you are unsure of what income to include here, review the Sources of Income chart on the back of this application.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL combined income (before taxes and deductions) received by ALL children in STEP 1 here.

Child Income	How Often Received?					
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STEP 4 Adult signature and contact information

"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."

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Print Name of Adult Signing the Form

Signature of Adult

Today's Date

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Mailing Address (if available)

City

State

Zip Code

Primary Phone (optional)

Primary Email (optional)

Return application to your child's school or mail directly to: School Food Services Branch, 1106 Koko Head Avenue, Honolulu, HI 96816

SOURCES AND EXAMPLES OF INCOME

Source of Income			Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions. Net income from self employment (farm or business) If you are in the U.S. Military <ul style="list-style-type: none"> Base Pay BAS BAH* COLA Cash Bonuses Do NOT include combat pay or FSSA *Do NOT include BAH if you are living in privatized housing (on-post)	Public Assistance/Alimony/ Child Support <ul style="list-style-type: none"> Unemployment benefits Worker's Compensation Supplemental Security Income (SSI) Cash assistance from the State or Federal government Alimony payments Child Support payments Veteran's benefits Strike benefits Adoption Assistance payments 	Pensions/Retirement/ All Other sources of Income <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular Income from trusts or estates Annuities Investment income Earned interest Net Rental Income Regular cash payments from outside household Cash withdrawn from savings 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages. A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits. A friend or extended family member regularly gives the child spending money. A child receives regular income from a private pension, fund, annuity or trust.

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974

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 (A person of Cuban, Mexican, Puerto Rican, South and Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

The contact information below is solely to file a complaint of discrimination
 In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (a.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number". Applications for foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program for Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without any application. Please contact your school to get free meals for foster child, and children who are homeless, migrant or runaway.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20F-Complaint-Form-0508-0002-505-11-28-17Fec2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington D.C. 20250-9410
 FAX: (833) 255-1665 or (202) 690-7442
 EMAIL: program.inlake@usda.gov
***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

DO NOT FILL OUT FOR SCHOOL USE ONLY

Annual Income Conversions: Weekly, x52, Every 2 Weeks x26, Twice a Month x24, Monthly x12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How Often?					Household Size	Eligibility			Incomplete Application	Determining Official's Signature	Date
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Free	Reduced	Denied			
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Size <input type="checkbox"/>	Confirming Official's Signature	Date
Categorical Eligibility <input type="checkbox"/> SNAP/TANF (based on provided number) <input type="checkbox"/> Foster Child on application										Income Frequency <input type="checkbox"/>		
Directly Certified <input type="checkbox"/>										Missing SSN <input type="checkbox"/>		
Extended Benefits <input type="checkbox"/> Foster Child <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/>										Signature <input type="checkbox"/>		
										Other: <input type="checkbox"/>	Verifying Official's Signature	Date

Return this completed form to your child's school. Do not mail, fax, or email completed applications to the U.S. Department of Agriculture.