

ATTACHMENT B
LETTER TO HOUSEHOLD
SCHOOL YEAR 2012-2013

Dear Parent/Guardian:

Children need healthy meals to learn. *(Name of School)* Friend Public School offers healthy meals every school day. Breakfast costs \$ 1.50; lunch costs \$ 2.25. 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 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: *(Name, Address, Phone Number)* Gayle Allen 1307 County Road 1350 Chickasha, OK 405-224-3822.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from *Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)* 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.
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 have not been told your children will get free meals, please call or e-mail *(school, homeless liaison, or migrant coordinator information)* 405-224-3822 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, shown on this application.
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 *(phone number)* 405-224-3822 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 (WOMEN, INFANTS, AND CHILDREN). 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 DO NOT 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 or 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: *(Name, Address, phone number, e-mail)* Alton Rawlins 1300 County Road 1350 Chickasha, OK 405-224-3822.

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 prorated 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 HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, 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 405-521-3076.

If you have any other questions or need help, call (phone number) 405-224-3822.

Si necesita ayuda, por favor llame al teléfono: (phone number) 405-224-3822.

Si vous voudriez d'aide, contactez nous au numero: (phone number) 405-224-3822.

Sincerely,

(Signature)

LETTER TO HOUSEHOLD

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP, TANF, OR FDPIR, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date.
Part 2: List the name and case number for any household member (including adults) receiving SNAP, TANF, or FDPIR benefits. One case number per household will qualify all enrolled students within the household.
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.
Part 7: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, TANF, OR FDPIR BENEFITS, AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date.
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 call (your school homeless liaison or migrant coordinator) 405-224-3822.
Part 4: Complete only if a child in your household is not eligible under Part 3. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a social security number are *NOT* necessary if you did not need to fill in Part 4.
Part 6: Answer this question if you choose to.
Part 7: 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, the name of school for each child, each child's grade, and each child's birth date. 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.
Part 7: Answer this question if you choose to.

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

- Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the *No Income* box. 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 call (your school homeless liaison or migrant coordinator) 405-224-3822. 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 all household members with income.

- **Box B—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, TANF, FDIPIR, 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 his/her social security number or mark the box if he/she does not have one.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

<p>ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:</p>
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- Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the *No Income* box.
- 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 call (your school homeless liaison or migrant coordinator) 405-224-3822. 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 all household members with income.
 - **Box B—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, TANF, FDIPIR, 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 his/her social security number or mark the box if he/she does not have one.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

Date Received: _____

ATTACHMENT C
FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of School for Each Child/Or Indicate <i>NA</i> If Person Is Not in School	Grade	Birth Date	Check If a Foster Child (Legal Responsibility of Welfare Agency or Court)* *If all children in the household are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income (Must be checked if no income)
				<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"/>

PART 2. BENEFITS

If any member of your household receives *SNAP*, *TANF*, or *FDPIR*, provide the name and case number for the *ONE* 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 (YOUR SCHOOL HOMELESS LIAISON OR MIGRANT COORDINATOR AT PHONE NUMBER) _____.

☐ Homeless ☐ Migrant ☐ Runaway

NOTE TO SFA: A household completing this part does not automatically qualify the child for eligibility. The child must be on the Homeless, Migrant, Runaway List to qualify for free meal benefits.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSL, VA Benefits	All Other Income
(Example) Jane Smith	\$ 199.99 / weekly	\$ 149.99 / every other week	\$ 99.99 / monthly	\$ 50.00 / monthly
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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 the next page.)

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 that 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.

Sign Here: _____ Date: _____

Print Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - ____ ☐ I do not have a social security number.

Part 6: Children's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian
☐ White
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander

☐ Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to get free or reduced-price school meals.

Health Insurance ☐ Yes, I want health insurance for my children. School officials may give information from my Free and Reduced-Price School Meals Application to Medicaid or Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.

☐ No, I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or Sooner Care Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

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

Income Eligibility

Total Income: _____ Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month _____ Year _____

Household Size: _____ Eligibility: Free ☐ Reduced ☐ Denied ☐

Categorical Eligibility SNAP/TANF ☐ FDPIR ☐

Other Source Categorical Eligibility

☐ Head Start ☐ Even Start ☐ Homeless ☐ Migrant ☐ Runaway ☐ Foster Child

Reason: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

(For Confirmation Reviews Under Verification)

Verifying Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

185% of Poverty Level

FEDERAL ELIGIBILITY INCOME CHART for School Year 2013

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

Household Size	Yearly	Monthly	Weekly
1	20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
Each additional person:	7,326	611	141

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), 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.

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