

ABINGTON SCHOOL DISTRICT
ABINGTON, PENNSYLVANIA

SUPERINTENDENT'S
ADMINISTRATIVE PROCEDURE

REGARDING: **National School Lunch
and Breakfast Program**

Section: **Students**

Effective Date: September 1, 1971

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10/27/17, 8/20/18, 8/20/19,
8/26/20, 8/19/21, 6/30/22,
8/22/23, 8/26/24

See Also: Related Board Policy

Agreement No. 1-23-46030-2

The District participates in the National School Lunch and Breakfast Program and accepts responsibility for providing free and reduced-price meals to eligible children in the schools under its jurisdiction.

To ensure uniform implementation of the National School Lunch and Breakfast Program, the District:

Agrees to serve meals free to children from families whose income is at or below that listed in Attachment Nos. 1a and 1b.

Agrees to serve meals at a reduced price to children from families whose income is at or below that listed in Attachment Nos. 1a and 1b.

Agrees to provide these benefits to children from families who are experiencing strikes, layoffs, and unemployment which cause the family income to fall within the criteria set forth in Attachment Nos. 1a and 1b.

Agrees to provide meals at no cost if a student transfers from a Community Eligible Provision (CEP) school to a school in the Abington School District for up to 30 operating days or until an eligibility determination is made, whichever comes first.

The District Agrees to provide the Income Eligibility Application and other materials in appropriate languages available on the United States Department of Agriculture website <https://www.fns.usda.gov/school-meals/translated-applications>. In addition, the school district provides translation services which are available by calling the Office of Student Services at 215-881-2505.

Agrees that there will be no physical segregation of, nor any other discrimination against, any child because of their inability to pay the full price of the meal. The names of the children eligible to receive free or reduced-price meals shall not be published, posted, or announced in any manner and there shall be no overt identification of any other means. Children eligible for free or reduced-price meals shall not be required to:

- Work for their meals or milk
- Use a separate lunchroom
- Go through a separate serving line
- Enter the lunchroom through a separate entrance
- Eat meals at a different time
- Eat a meal different from the one sold to children paying the full price

Agrees that in the operation of child nutrition programs, the U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, religion, reprisal or retaliation for prior civil rights activity and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. Please see Attachment No. 2.

Agrees to establish and use a fair hearing procedure for parents'/guardians' appeals of the schools' decisions on applications and for school officials' challenges to the correctness of information contained in an application or to the continued eligibility of any child for free or reduced-price meals. During the appeal and hearing the child will continue to receive free or reduced-price lunches. A record of all such appeals and challenges and their dispositions shall be retained for six (6) years.

Prior to initiating the hearing procedure, the parent/guardian or local school official may request a conference to provide an opportunity for the parent/guardian and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing. However, the school may require proof of family income at this time.

The hearing procedure shall provide the following:

- A publicly announced, simple method for making an oral or written request for a hearing
- An opportunity to be assisted or represented by an attorney or other person
- An opportunity to examine, prior to and during the hearing, the documents and reports presented to support the decision under appeal
- Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing
- An opportunity to present oral or documentary evidence and arguments
- An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses
- That the hearing be conducted and the decision made by a hearing official who did not participate in the decision under appeal
- That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record
- That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official
- That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons thereof, and a copy of the notification to the parents concerned of the hearing official's decision
- That such written record be preserved for a period of six (6) years and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during such period

Agrees to designate the school principal to review applications and make determinations of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced-price meals.

Agrees to provide an Eligibility Notification Letter to the child's parents/guardians participating in the direct certification process as part of the National School Lunch and Breakfast Program or agrees to develop and send to each child's parents or guardians a letter as outlined herein, including a link to an application form for free or reduced-price lunches at the beginning of each school year and whenever there is a change in eligibility criteria.

Parents/guardians will be requested to complete the application and return it to the approving official, the school principal, for review.

Such applications and documentation of action taken will be maintained for six (6) years after the end of the school year to which they pertain.

Applications may be filed at any time during the year. Any parent/guardian enrolling a child in a school for the first time, at any time during the year, shall be supplied with such documents. If a child transfers from one school to another under the jurisdiction of the same school food authority, their eligibility for a free or reduced-price meal will be transferred to and honored by the receiving school. The first approving school must maintain some record of its decision as substantiating evidence for meals claimed before the child was transferred.

All children from a family will receive the same benefits. Within ten (10) working days of the receipt of applications, parents/guardians will be notified individually of the acceptance or denial of their applications. Children will be served meals immediately upon the establishment of their eligibility.

When an application is rejected, parents or guardians will be informed of the reason for denial and of the hearing procedure. The designated hearing official is the Assistant Superintendent, Abington School District, 970 Highland Avenue, Abington, PA 19001.

Agrees to submit a public notice containing the same information outlined in the parent/guardian letter to local employment offices and major employers contemplating large layoffs to the extent required by law.

Agrees to establish a procedure to collect from children who pay for their meals and to account for the number of free, reduced-price, and full-price meals served.

Agrees to submit to the Pennsylvania Department of Education, Division of Food and Nutrition Services, any alterations, public announcements, etc., prior to implementation, if required. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

Agrees to establish a procedure that will assure that no child will be made aware of the identity of children receiving free or reduced-price meals at the time that the money for meals is collected, or at the time the meal is served. To protect the anonymity of all children receiving free or reduced-price meals, the District will utilize the point-of-sale system for all sales.

Agrees to provide a substitute meal to any child who has been determined by a doctor to be disabled if the disability would prevent the child from eating the regular school meal. If a substitution is needed, there will be no extra charge for the meal.

Agrees for the first 30 operating days of the new school year or until a new eligibility determination is made, students must be granted the same eligibility status as they had during the previous school year. When received, the new eligibility status will supersede the 30-day carryover. The process includes items below:

- Free or Reduced-price benefits granted to new students in the District from households with children who were approved for benefits the previous year. For example, a student in first grade who has siblings that were approved for free meals the previous school year should be granted a free benefit during the 30-day carryover or until a new application is received and eligibility is determined.

- New students from outside the District are given a “paid” status until a determination of free or reduced-price, based on a new application or direct certification.
- New students transferring from a Community Eligibility Provision (CEP) school will be provided meals at no cost for up to 30 operating days or until an eligibility determination is made, whichever comes first.
- On the 31st day, students who have not submitted a new application for eligibility determination or have not been identified as a match on the Direct Certification list are changed to the paid status.

Each month the school principal shall confirm that an approved and/or denied application is on file with the school for every student who is eligible for free or reduced priced meals or has been denied eligibility (Attachment No. 12).

Attachments: The following attachments are adopted with and considered part of this policy:

Attachment Nos. 1a and 1b		2024-2025 Income Eligibility Guidelines
Attachment No. 2		Procedure for Civil Rights Complaints
Attachment No. 3	-	Letter to Parents/Guardians
Attachment No. 4	-	Eligibility Notification Letter – Direct Certification
Attachment No. 5	-	Instructions for Completing Application
Attachment No. 6	-	Application for Free and Reduced-Price Meals
Attachment No. 7	-	Instructions for Determining Eligibility
Attachment No. 8	-	Notification of Action on Application
Attachment No. 9		Permission to Release Information to Other Programs
Attachment No. 10	-	Public Notice
Attachment No. 11	-	Guidelines
Attachment No. 12	-	Monthly Free & Reduced Lunch Application Analysis & Confirmation

INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2024 to June 30, 2025

Attachment No. 1a

<u>Family Size</u>	<u>Free Meals or Milk</u>	<u>Annual Income</u>		<u>Not Eligible for Free or Reduced Price Meals or Milk</u>
		<u>Reduced Price Meals</u> (185% of Poverty Guidelines)	<u>(130% of Poverty Guidelines)</u>	
One	\$0 to \$19,578	\$19,579 to \$27,861		\$27,862 and up
Two	\$0 to \$26,572	\$26,573 to \$37,814		\$37,815 and up
Three	\$0 to \$33,566	\$33,567 to \$47,767		\$47,768 and up
Four	\$0 to \$40,560	\$40,561 to \$57,720		\$57,721 and up
Five	\$0 to \$47,554	\$47,555 to \$67,673		\$67,674 and up
Six	\$0 to \$54,548	\$54,549 to \$77,626		\$77,627 and up
Seven	\$0 to \$61,542	\$61,543 to \$87,579		\$87,580 and up
Eight	\$0 to \$68,536	\$68,537 to \$97,532		\$97,533 and up
For Each Additional Family Member Add:	+\$6,994	+\$9,953		+\$9,954

(Annual, Monthly and Weekly Guidelines are on next page)

INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2024 to June 30, 2025

Attachment No. 1b

For Free Meals or Free Milk

Family Size	Annual	Once a Month	Twice a Month) (24) pay periods/yr	Every Two Weeks (26) pay periods/yr	Every Week
One	\$19,578	\$1,632	\$ 816	\$ 753	\$ 377
Two	\$26,572	\$2,215	\$1,108	\$1,022	\$ 511
Three	\$33,566	\$2,798	\$1,399	\$1,291	\$ 646
Four	\$40,560	\$3,380	\$1,690	\$1,560	\$ 780
Five	\$47,554	\$3,963	\$1,982	\$1,829	\$ 915
Six	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
Seven	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
Eight	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
For Each Additional Family Member Add:	+\$6,994	+\$583	+\$292	+\$269	+\$135

For Reduced Price Meals

Family Size	Annual	Once a Month	Twice a Month (24) pay periods/yr	Every Two Weeks (26) pay periods/yr	Every Week
One	\$27,861	\$2,322	\$1,161	\$1,072	\$ 536
Two	\$37,814	\$3,152	\$1,576	\$1,455	\$ 728
Three	\$47,767	\$3,981	\$1,991	\$1,838	\$ 919
Four	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
Five	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
Six	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
Seven	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
Eight	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For Each Additional Family Member Add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

Conversion is required if there are multiple income sources with more than one frequency. The Local Educational Agency must annualize all income by multiplying:

- weekly income by 52
- bi-weekly income (received every two weeks) by 26
- semi-monthly income (received twice a month) by 24
- monthly income by 12

Procedure for Food and Nutrition Services (FNS) Civil Rights Complaints
Pennsylvania Department of Education
Division of Food and Nutrition

- 1) Sponsor receives a Civil Rights complaint from the complainant (i.e. parent).
 - a) Sponsor must inform complainant of Federal Civil Rights rules and regulations that have been established for protected classes. (A protected class is any person or group of people who are protected from discrimination based on):
 1. Race
 2. Color
 3. National Origin
 4. Age
 5. Sex (including gender identity and sexual orientation)
 6. Disability
 - b) Sponsor must provide complainant the necessary information to file a complaint, which is:
 1. Mailing address of the USDA:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 2. USDA's Contact Information:
 Telephone: (866) 632-9992 or (202) 260-1026
 Local or Federal relay: (800) 877-8339
 Spanish Relay: (800) 845-6136
 Fax: (833) 256-1665 or (202) 690-7442
 Email: program.intake@usda.gov
 3. Electronic link to file a civil rights complaint (Filing a Program Discrimination Complaint as a USDA Customer): <https://www.usda.gov/oascr/complaint-resolution>

Note: If the sponsor is unsure if the complaint falls under a protected class, sponsor should provide complainant the federal complaint information.
 - c) **After providing the complainant with the information on how to file a Civil Rights complaint directly at the Federal level**, the sponsor may attempt to resolve the complaint if it is a matter that can be resolved quickly. Resolving complaints in real-time at the lowest possible level is encouraged. (*Note: This is not an investigation as neither the sponsor nor the State Agency has the authority to conduct complaint investigations. This is simply trying to resolve the situation if it was potentially caused by a miscommunication.)

If the complainant refuses to discuss the matter any further with the sponsor or if the matter cannot be resolved quickly, then the sponsor should:

1. Reiterate the complaint filing procedures in 1) b),
2. Document the complaint and actions taken (i.e. referral to Federal complaint procedures) in a Civil Rights complaint log that is separate from any other complaint log, (*Note: A separate Civil Rights complaint log is necessary due to confidentiality and privacy laws. See complaint log requirements in d) below.), and

3. Notify the State Agency of the discussion. (*Note: it is important for the sponsor to notify the State Agency because regular communication between the sponsor and State Agency is key to operating the program successfully.)

If the complainant is willing to try to resolve the issue with the sponsor and a satisfactory resolution is achieved, then the sponsor should still remind the complainant (using the information in 1) b)) of his/her right to file at the Federal level if necessary. (*Note: Complainants retain the right to file at the Federal level even if a resolution seems to have been reached at the sponsor level.) The sponsor needs to document the complaint and actions taken (i.e. how resolution was achieved) in a log that is separate from any other complaint log, and notify the State Agency of the resolution.

- d) Regardless if the complainant wishes to file at the Federal level, the sponsor should document as much information as possible in their Civil Rights complaint log including, but not limited to, the following:

- Date Complaint Received
- Complainant's Name
- Complainant's Address
- Complainant's Telephone Number
- Complainant's Email Address
- Allegation of Discrimination/Issue (i.e. FNS program involved, protected class(es) involved, etc.)
- Date of Alleged Discriminatory Action

1. The sponsor **must forward** the information, **within 5 days of receipt of complaint** from complainant, to the State Agency Civil Rights Coordinator (process depicted below):

State Agency Civil Rights Coordinator ➡ State Agency Director* ➡ FNS Regional Office Civil Rights Contact ➡ FNS Headquarters Civil Rights Office ➡ Complainant

2. *State Agency level **must forward** complaint information, **within 5 days of receipt of complaint** from sponsor, to the FNS regional office.

3. FNS team conducts complaint review and investigation, which includes contact with the complainant, State Agency, sponsor, etc.

2) Additional Information:

- a) Complainants must file within 180 days of the alleged action
- b) Confidentiality is extremely important
- c) USDA complaint form:
 - English version: [U.S. Department of Agriculture USDA Program Discrimination Complaint Form](#)
 - Spanish version: [Departamento de Agricultura de los EE. UU. \(USDA\) Formulario de Denuncia por Discriminación del Programa del USDA](#)
- d) Email the State Agency Civil Rights Coordinator for all Civil Rights complaints, including disability related complaints:
 - Child and Adult Care Food Program: RA-CACFP@pa.gov
 - National School Lunch Program: RA-NSLP@pa.gov
 - Summer Food Service Program: RA-SFSP@pa.gov



Dear Parent/Guardian:

Children need healthy meals to learn. **Abington School District** offers healthy meals every school day. Breakfast is available at no charge to students. Lunch costs \$2.95 (elementary) and \$3.30 (secondary). **Your child(ren) may qualify for free meals or for reduced price meals.**

During the 2024-2025 School Year, all schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students. Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals.

This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits 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 is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

INCOME ELIGIBILITY REDUCED PRICE GUIDELINES JULY 1, 2024-JUNE 30, 2025

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each additional family member add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

2. 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 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, call or email Dr. Robert Rosenthal, 215 881-2505, studentservices@abington.k12.pa.us
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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. You may request a paper application from the school at any time. Return the completed application to: Abington School District, 907 Highland Ave Abington, PA 19001, 215 884-4700.
4. 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 read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Brooke Jacobs, 900 Highland Avenue Abington, PA 19001, 215 884-4700 ext. 2178, brookejacobs@abington.k12.pa.us immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged 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 abingtonsd.org or visit the PA Department of Human Services website at www.compass.state.pa.us.
6. 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 that school year and for the first 30 operating school 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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/or reduced price meals if the household income drops below the income limit.
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: Christopher Lionetti, 970 Highland Avenue Abington, PA 19001, 215 884-4700, ChristopherLionetti@abington.k12.pa.us.
11. 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.
12. 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.
13. 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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Brooke Jacobs, 900 Highland Avenue Abington, PA 19001, 215 884-4700 ext. 2178, brookejacobs@abington.k12.pa.us to receive a second application.
16. 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, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call 215-884-4700 ext. 2178.

Sincerely,

Jeffrey S. Fecher, Ed.D.
Superintendent of Schools
Attachments – Application/Instructions

JSF/pj

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 (e.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.

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/ad-3027.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:

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

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

2024-2025 SY

Notice of Direct Certification

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below are qualified for free or reduced price lunches (as identified in third column), [breakfasts] and [snacks] at school because they receive Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, and/or Temporary Assistance for Needy Families – Cash Assistance (TANF), and/or Medicaid (MA) and meet the qualifying household level income limits.

All schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students. Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals. Therefore, during the 2024-2025 School Year, students eligible for *Free or Reduced Price* meals will not be charged for breakfast or lunch. Additionally, students eligible to receive free or reduced meals are also eligible to receive SUN Bucks (Summer EBT) program the following summer (2025), without the need to apply. SUN Bucks is operated through the Department of Human Services. For more information on SUN Bucks visit <http://www.dhs.pa.gov/SunBucks>.

Name of Child	Name of School	Benefit

If there are other children living in your household who are not listed above, **they also qualify for free or reduced price meals**. Contact the school your child/children attend(s) in the following situations:

- If there are other children living in your household who are not listed above, and you would like them to receive free or reduced price meals at school
- You do not want your child/children to receive free or reduced price meals
- You have any additional questions

Ms. Brooke Jacobs
215-884-4700 EXT. 2178
brookejacobs@abington.k12.pa.us

Sincerely,
Brooke Jacobs

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 to obtain program information (e.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.

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%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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

This institution is an equal opportunity provider.

ATTENTION: *If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.*
ATENCIÓN: *Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.*
Notice of Direct Certification Letter

Revised 5/1/2024

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the Abington School District.**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Ms. Brooke Jacobs, Home and School Visitor, at 215-884-4700, Ext. 2178.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) Abington School District

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are **ONLY** applying for foster children, after finishing **Step 1**, go to **Step 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in **Step 2** and go to **Step 3**.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930.
- Go to **Step 4**.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "**Sources of Income**" & "**Examples of Income for Children**," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in **Step 1**.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income **after** taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:

Abington School District
Ms. Brooke Jacobs, Home and School Visitor
Abington Senior High School
900 Highland Ave.
Abington, PA 19001

Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Pennsylvania Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:**RETURN TO (School/District Name):** Abington School District**ADDRESS:** Ms. Brooke Jacobs, 900 Highland Ave., Abington, PA 19001**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<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"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?
☐ **NO** → Go to STEP 3.
 ☐ **YES** → Write case number here and proceed to STEP 4.
CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

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

Child Income	How often received?				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:**

Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans' benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA 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 or 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

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining Official's Signature		Date	Confirming Official's Signature		Date	Verifying Official's Signature		Date		

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.

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 a 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 on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

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 (e.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) 720-2690 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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* 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: ProgramIntake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.



Instructions for Determining Eligibility for School Meals with Same/Different Income Frequencies

Following is the Annual Income Conversion Chart (also located on the bottom of the Household Application for Free and Reduced Price Meals) and information regarding determining the eligibility of household applications that have an income indicated.

Annual Income Conversion Chart	
Income Frequency	Conversion Factor
Weekly	Weekly Income x 52
Every Two Weeks	Every Two Weeks Income x 26
Twice a Month	Twice a Month Income x 24
Monthly	Monthly Income x 12

Same Income Frequency

If there is one (or more) individual(s) in the household that has (have) the same income frequency, add all incomes together and compare it to the [2024-2025 Income Eligibility Guidelines](#).

Following are some examples of the same income frequency:

- Family size of four and only one income indicated on the household application.

- Individual receives \$780 every week

Compare the **\$780** (household weekly income) to the “Every Week” column on the 2024-2025 Income Eligibility Guidelines. The household would qualify for **free** meals.

- Family size of five and three incomes are indicated on the household application.

- One individual receives \$1,424 monthly
 - One individual receives \$2,706 monthly
 - One individual receives \$1,550 monthly

Since all three individuals have the same income frequency (monthly), add all three-monthly incomes together ($\$1,424 + \$2,706 + \$1,550 = \$5,680$) and compare the total monthly income (**\$5,680**) to the “Once a Month” column on the 2024-2025 Income Eligibility Guidelines. The household would **not**

qualify for free or reduced-price meals since the total income exceeds the free or reduced-price meals income on the 2024-2025 Income Eligibility Guidelines for a family size of five.

■ Family size of six and two incomes are indicated on the household application.

- ☐ One individual receives \$27,798 annually
- ☐ One individual receives \$19,645 annually

Since the two individuals have the same income frequency (annually), add the two annual incomes together ($\$27,798 + \$19,645 = \$47,443$) and compare the total annual income (**\$47,443**) to the “Annual” column on the 2024-2025 Income Eligibility Guidelines. The household would qualify for **free** meals since the total income is less than the free meals income on the 2024-2025 Income Eligibility Guidelines for a family size of six.

Different Income Frequencies

If there is one (or more) individual(s) in the household that has (have) different income frequencies, using the Annual Income Conversion Chart, add all incomes together, and compare it to the [2024-2025 Income Eligibility Guidelines](#).

Following are some examples of different income frequencies:

■ Family size of six and two incomes are indicated on the household application.

- ☐ One individual is paid \$785 every two weeks
- ☐ One individual is paid \$2,110 monthly

Since the two individuals have different income frequencies (every two weeks and monthly), first convert both incomes to annual income using the Annual Income Conversion Chart.

- ☐ $\$785 \text{ every two weeks} \times 26 = \$20,410 \text{ annually}$
- ☐ $\$2,110 \text{ monthly} \times 12 = \$26,520 \text{ annually}$

Second, add the two annual incomes together ($\$20,410 + \$26,520 = \$46,930$) and compare the total annual income (**\$46,930**) to the “Annual” column on the 2024-2025 Income Eligibility Guidelines. The household would qualify for **free** meals since the total income is less than the free meals income on the 2024-2025 Income Eligibility Guidelines for a family size of six.

■ Family size of seven and three incomes are indicated on the household application.

- ☐ One individual is paid \$270 every week
- ☐ One individual is paid \$305 twice a month

- One individual is paid \$2,800 monthly

Since the three individuals have different income frequencies (every week, twice a month, and monthly), first convert the three incomes to annual income using the Annual Income Conversion Chart.

- \$270 every week $\times 52 = \$14,040$
- \$305 twice a month $\times 24 = \$7,320$
- \$2,800 monthly $\times 12 = \$33,600$

Second, add the three annual incomes together ($\$14,040 + \$7,320 + \$33,600 = \$54,960$) and compare the total annual income (**\$54,960**) to the “Annual” column on the 2024-2025 Income Eligibility Guidelines. The household would qualify for **free** meals.

If you have any questions regarding income frequencies on household applications, e-mail RA-NSLP@pa.gov.

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced meals/milk for the following child(ren);

Your application was:

- ☐ Approved for free meals
- ☐ Approved for free milk (Special Milk Program Only)
- ☐ Approved for reduced price meals at \$ no charge for lunch, no charge for breakfast], [and \$ _____ for afterschool snacks]
- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount
- ☐ Incomplete application because _____
- ☐ Other _____

During the 2024-2025 School Year, all schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students. Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals.

If your child(ren) are listed as *Free or Reduced Price* meals above, there will be no charge to students for both breakfast and lunch. Additionally, students eligible to receive free or reduced meals are also eligible to receive SUN Bucks (Summer EBT) program the following summer (2025), without the need to apply. SUN Bucks is operated through the Department of Human Services. For more information on SUN Bucks visit <http://www.dhs.pa.gov/SunBucks>.

If your child(ren) are listed as *Denied* above, they will not be charged for a school breakfast but will be charged for lunch.

If you do not agree with the school's decision, you may discuss it with Mr. Christopher Lionetti at 215-884-4700 or at christopherlionetti@abington.k12.pa.us. You have ten (10) calendar days to appeal the eligibility determination. If you do not appeal the school's decision within the (10) calendar days, effective (**enter eleventh calendar day**) your child's/children's eligibility will remain the same as indicated above.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following school official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Households can re-apply for free and reduced price meals any time during the school year.

Sincerely,

Name Title Date

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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%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Fee-based, optional academic testing (i.e. Advanced Placement) (School Administrator/Counselor, College Board Officials)
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Reduced rate for Summer School (School Administrators/School Counselors)
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Free school supplies, food, gifts, gift cards, clothing and shoes (School Administrators/Counselors)
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Free vision exams and eyeglasses, if needed
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Free or reduced fee for dental exams
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Assistance with activity fees or class trip fees

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Brooke Jacobs** at 215-884-4700 ext. 2178 or email brookejacobs@abington.k12.pa.us.

Return this form to your school principal.

This institution is an equal opportunity employer and provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

Free and Reduced-Price School Meals Application - Sharing Information with Other Programs

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Revised 02/16/2021

PUBLIC NOTICE

The United States Department of Agriculture (USDA), Title 7 CFR 245.5, requires public announcement of the eligibility criteria for free or reduced price meals/snacks or free milk. This requirement is for all approved National School Lunch Program (NSLP) sponsors.

In the past, NSLP sponsors had been required to issue their own public notice. **The Pennsylvania Department of Education now issues a public notice statewide through their Press Office that meets this requirement for all sponsors.**

FREE AND REDUCED-PRICE LUNCH GUIDELINES

The following comments are offered as clarification of frequent questions:

1. At the beginning of the school term, an eligibility notification letter will be sent to the parents/guardians of children participating in the direct certification process of the National School Lunch Program. Additionally, school authorities are required to send free and reduced-price lunch applications including reduced-price guidelines and letters advising parents or guardians on how to apply for free or reduced-price lunches for their children. Do not send the guidelines for free meals to parents/guardians.
2. Applications on file for the school term should be the authority for serving free and reduced-price lunches during the reasonable time required for applications to be returned by parents/guardians. Action on applications should be taken and parents/guardians notified within ten working days after they are received.
3. Applications for each free or reduced-price lunch must be on file in your school in order to substantiate your claims for reimbursement. Information presented on at least three percent of all applications will be verified within the first five months of school. Individuals, agencies, and other sources of information will be used for verification. All schools will be included in the sample.
4. In cases where the parent/guardian will not or cannot apply for a free or reduced-price lunch, the designated official may complete and sign an application and authorize free or reduced-price lunches for needy children on the basis of his/her knowledge or on the recommendation of a teacher, nurse or other school official. This procedure is not to be used to certify large numbers of children in lieu of parent/guardian application except in emergency situations.
5. The school district agrees to provide free and reduced-price lunches to children from families who are experiencing strikes, layoffs, and unemployment which cause the family income to fall within the eligibility criteria. An application for these families must be completed and maintained on file. When the temporary condition has been alleviated, families approved under this provision must be informed that the conditional approval will terminate within a specific time, i.e., ten days.

In cases where the welfare agency is legally responsible for the child, the foster home is to be considered an extension of the welfare agency, and the foster child is to be considered a one-member family. The payments made by the welfare agency for the care of that foster child shall be considered the income of that one-member family.

In cases where the welfare agency has placed a child in a permanent home and or subsidizes the adoption of the child, the child is to be considered as a member of the household in which he/she resides.

6. In cases where the parent/guardian is a serviceperson overseas, he/she is not to be considered a member of the family when determining eligibility. Any money he/she sends home for support of his/her family, however, is to be considered part of the family income.
7. School officials must base all initial determination on information provided in the family's application; however, if school officials suspect that the application contains false information, the law allows the school to challenge information supplied by the parent or guardian. Challenges must be made according to the provisions of the hearing procedures outlined on pages 2 and 3 of the policy statement. During the time of the challenge, the child is to continue receiving free and reduced-price lunches.
8. If parents/guardians request that their children cease receiving free or reduced-price lunches as the result of improved financial conditions, a written notation should be made on the children's application.
9. School authorities are required to serve free and reduced-price lunches to eligible children in order to participate in the National School Lunch Program.
10. The collection procedures given on pages 4 and 5, if properly implemented, will meet Federal regulations concerning the non- identification of free or reduced-price lunch recipients.

A procedure by which all paying children use cash in the lunchroom and the free or reduced-price lunch recipients are simply passed through the line, either recognized by sight or identified by means of a number, etc., given to the cashier, is not an acceptable collection method. This procedure identifies those children not paying as recipients of free or reduced-price lunches and so is in violation of the law and Federal regulations.

11. If a school employs student helpers for monetary or other compensations, children who are eligible for free or reduced-price meals are not to work in any capacity except at the express request of their parents/guardians. Parents/guardians are to clearly understand that the children would receive a free or reduced-price lunch even if the children did not work.
12. School officials are prohibited by law from denying free or reduced-price lunches as a disciplinary action, to children certified as eligible for such lunches.
13. If choices of lunches are offered to students, as an attempt to bolster participation, the same choices must be offered to those children receiving free and reduced-price lunches.

If a la carte food service is available in addition to the Type A lunch, free and reduced-price meals recipients may not be denied the right to purchase these items.

14. Regulations stipulate that a school food authority shall not be reimbursed for any meals served after September 30 of any fiscal year unless the free and reduced-price policy statement has been approved by the State Agency.

[illegible]