

2009 – 2010

## Letter to Households

### National School Lunch Program / School Breakfast Program

ASD #408 Child Nutrition Services

1302 4<sup>th</sup> Street SW, Auburn, WA 98001

Dear Parent / Guardian:

By completing and signing the attached application, your children may be eligible to receive free or reduced-price meals from the Auburn School District #408.

The cost of breakfast is: **All Schools: \$1.00**

The cost of lunch at school is: **Elementary \$2.25 Middle School \$2.50 High School \$2.50**

**Free lunch** will be served to children who qualify for **reduced-price meals in kindergarten through 3<sup>rd</sup> grade.**

Students in preschool and 4<sup>th</sup> through 12<sup>th</sup> grades who qualify for reduced-price meals will be charged \$.40 for lunch.

**Breakfast is free to all students who qualify for free or reduced-price meals.**

All meals meet federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance, please contact us.

Look at the chart below. Find your household size. Household is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. **TOTAL HOUSEHOLD INCOME IS:** The income each household member received during the last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced-price meals regardless of your income. If you are applying for free and reduced price meals for a foster child, complete that section on the back of the application. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

#### INCOME CHART

Effective from  
July 1, 2009 – June 30, 2010

| Size Household | Effective from |         | Twice per | Every Two |        |
|----------------|----------------|---------|-----------|-----------|--------|
|                | Annual         | Monthly | Month     | Weeks     | Weekly |
| 1              | \$20,036       | \$1,670 | \$ 835    | \$ 771    | \$386  |
| 2              | 26,955         | 2,247   | 1,124     | 1,037     | 519    |
| 3              | 33,874         | 2,823   | 1,412     | 1,303     | 652    |
| 4              | 40,793         | 3,400   | 1,700     | 1,569     | 785    |
| 5              | 47,712         | 3,976   | 1,988     | 1,836     | 918    |
| 6              | 54,631         | 4,553   | 2,277     | 2,102     | 1,051  |
| 7              | 61,550         | 5,130   | 2,565     | 2,368     | 1,184  |
| 8              | 68,469         | 5,706   | 2,853     | 2,634     | 1,317  |

For each  
Additional  
Member add: +6,919 +577 +289 +267 +134

#### WHO SHOULD COMPLETE AN APPLICATION?

If your **total household income** is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school or the address above. We will notify you if the application is approved or denied. Meal benefits do not go into effect until your application has been approved.

#### WHAT MUST BE ON THE APPLICATION?

##### For households not getting Basic Food / TANF / FDPIR:

- Child's Name and Names of all household members
- Income by source for all household members
- Social security number of the adult household member who signs the application (or check the box "I do not have a social security number" if the adult signing does not have a social security number)
- Adult household member's signature

##### For a family receiving Basic Food / TANF / FDPIR:

- Child's Name and Basic Food, TANF, or FDPIR case number and
- Adult household member's signature

##### For a foster child:

- Child's Name (one per application) and Child's personal use income
- and Adult's signature

The information you provide will be used to determine or prove your child's eligibility for free or reduced-price meals.

**OTHER BENEFITS** – Are you interested in receiving information about other benefits that your family may be entitled to? Please take a look at the "Other Benefits" section on the back of the application.

**PROOF OF ELIGIBILITY** – The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

**REAPPLICATION** – You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**NONDISCRIMINATION** – The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Free and Reduced Price Meal Application 2009 - 2010

**ONE APPLICATION for all Students in House**

Complete, **sign** and return this confidential form to your school or our office:

ASD #408 Child Nutrition Services, 1302 4<sup>th</sup> Street SW, Auburn, WA 98001

Please read the cover letter – if you need assistance with the form, please call our office at 253.931.4972.

Please use the **BACK** of the application for **FOSTER STUDENTS**

|             |        |
|-------------|--------|
| Temp by MGR | Office |
| Date:       | HH:    |
| Elig:       | Elig:  |
| By:         | By:    |

Check Here if you would like to receive confirmation of your child's status for free/reduced price meals by email instead of by regular mail.

If yes, please provide a personal email address (print clearly): \_\_\_\_\_

Do you receive **BASIC FOOD, TANF, or FDPIR** benefits for your children? If yes, complete this section:

| Student's Last Name: | Student's First Name: | Grade: | School: | Basic Food, TANF or FDPIR case or client ID number (for each student): |
|----------------------|-----------------------|--------|---------|------------------------------------------------------------------------|
| 1. _____             | _____                 | _____  | _____   | # _____                                                                |
| 2. _____             | _____                 | _____  | _____   | # _____                                                                |
| 3. _____             | _____                 | _____  | _____   | # _____                                                                |
| 4. _____             | _____                 | _____  | _____   | # _____                                                                |
| 5. _____             | _____                 | _____  | _____   | # _____                                                                |
| 6. _____             | _____                 | _____  | _____   | # _____                                                                |

I certify that all of the above information is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Sign: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of ADULT House member

Print Signer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**INCOME APPLICATION** Complete this section if you **do not** receive Basic Food, TANF or FDPIR. You must report the amount of income received (before deductions) and how often it is received: Weekly, Twice a Month, Every Two Weeks, or Monthly.

| STUDENTS Last Name: | Students First Name: | Birth date: | Grade: | School Name: |
|---------------------|----------------------|-------------|--------|--------------|
| 1. _____            | _____                | _____       | _____  | _____        |
| 2. _____            | _____                | _____       | _____  | _____        |
| 3. _____            | _____                | _____       | _____  | _____        |
| 4. _____            | _____                | _____       | _____  | _____        |
| 5. _____            | _____                | _____       | _____  | _____        |
| 6. _____            | _____                | _____       | _____  | _____        |

**Names (everyone in house)** \_\_\_\_\_ **Current Income** \_\_\_\_\_ For office use only

List how much income and how often received for each column: \$100/week \$100/every 2 weeks \$100 twice a month \$100/month

| First and Last Names of all Household Members – including yourself and children listed above: | Earnings from Work before deductions: (List Amount/How Often) | Income from Welfare, Child Support, Alimony: (List Amount/How Often) | Payments from Pensions, Retirement, Soc. Security: (List Amount/How Often) | Additional Earnings Job 2 or other income: (List Amount/How often) |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------|
| EXAMPLE: Jane I. Smith                                                                        | \$ 1600 / month                                               | \$ _____ / _____                                                     | \$ 90 / month                                                              | \$ _____ / _____                                                   |
| _____                                                                                         | \$ _____ / _____                                              | \$ _____ / _____                                                     | \$ _____ / _____                                                           | \$ _____ / _____                                                   |
| _____                                                                                         | \$ _____ / _____                                              | \$ _____ / _____                                                     | \$ _____ / _____                                                           | \$ _____ / _____                                                   |
| _____                                                                                         | \$ _____ / _____                                              | \$ _____ / _____                                                     | \$ _____ / _____                                                           | \$ _____ / _____                                                   |
| _____                                                                                         | \$ _____ / _____                                              | \$ _____ / _____                                                     | \$ _____ / _____                                                           | \$ _____ / _____                                                   |
| _____                                                                                         | \$ _____ / _____                                              | \$ _____ / _____                                                     | \$ _____ / _____                                                           | \$ _____ / _____                                                   |

I certify that all of the above information is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Sign: **X** \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of ADULT Household member

I do not have a Social Security Number

Print Signer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph: \_\_\_\_\_

**FOSTER CHILD?** If this is a foster child, check here \_\_\_\_\_  
and write the child's personal use income and how often received: \$ \_\_\_\_\_/\_\_\_\_\_.

**Foster Student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

**One foster child per application.**

I certify that all of the above information is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

**Sign:**  \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of ADULT House member

Print Signer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U.S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the Auburn School District Child Nutrition Office at 253.931.4972.

• **OTHER BENEFITS:**

Do you need free or low-cost health insurance for your children? You can call to request an application: toll free 1.877.543.7669 or fill out and print an application online at <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Even if your children have private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles.

• **RACIAL / ETHNIC DATA:** You are not required to answer these questions.

Mark one or more racial identities:

- WHITE       BLACK, or AFRICAN AMERICAN       AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN       NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER       OTHER

Mark one ethnic identity:

- HISPANIC or LATINO       NOT HISPANIC or LATINO

**Privacy Act Statement: National School Lunch Act (Section 9)** – requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**Fair Hearing:** If you do not agree with the decision on your child's application, or the process used to prove income eligibility, you may talk with the Deputy Superintendent, the hearing official. You have the right to a fair hearing which may be arranged by calling the school district at 253.931.4972.

**QUESTIONS?** Email us at [childnutrition.auburn.wednet.edu](mailto:childnutrition.auburn.wednet.edu) or call us at 253.931.4972.

**The Auburn School District #408 is an Equal Opportunity Provider.**