

**2011-12
Letter to Households
National School Lunch Program/School Breakfast Program**

Attachment 3
Exhibit 1
(use w/ Exhibit A)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
K-5	\$ 1.25	\$ 2.75	\$ N/A	\$ -0-	\$ -0-	\$.40	\$ N/A
6-12	\$ 1.25	\$ 3.00	\$ N/A	\$ -0-	\$	\$.40	\$ N/A
	\$	\$	\$	\$	\$	\$	\$

WHO SHOULD FILL OUT AN APPLICATION?

Fill out the application if:

- total household income is the SAME or LESS than the amount on the chart
- you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- you are applying for a foster child

Turn in the application to your child's school or to ASD Child Nutrition Services at 1302 4th St SW, Auburn, WA 98001. Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

NEW THIS YEAR: Foster children are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 253-931-4972.

INCOME CHART Effective from July 1, 2011 to June 30, 2012					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each Additional member add:	+7,067	+589	+295	+272	+136

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

WHAT MUST BE ON THE APPLICATION?

A. For households not getting any assistance:

- Student's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 4. Parts 5 and 6 are optional.

B. For a household with only a foster child(ren):

- Student's name
- Adult household member's signature

Complete Parts 1 and 4. Parts 5 and 6 are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

C. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for **A.** Households not getting assistance and include the foster child's personal use income.

D. For a family getting Basic Food/TANF/FDPIR:

List all student names and case number where appropriate
If the student is not the one with a case number, enter the household member's name and their case number
Adult household member's signature

Complete Parts 1 and 4. Parts 5 and 6 are optional.

NEW THIS YEAR: FOSTER CHILDREN NOW ELIGIBLE FOR FREE MEALS

With the proper documentation, foster children are now eligible for free school meals. If applying for a foster child(ren) only, proper documentation means you may fill out the attached application for free meals or you may send a copy of the court paperwork showing the child is a ward of the state and has been placed in your home. If you are also applying for your own children, you will fill out a free and reduced-price meals application and include all members in the household. If the foster child has any personal income, be sure to indicate this in the appropriate spot on the application form. It is important to realize that although the foster child will be categorically eligible for free meals, the other students in your household may be eligible for free or reduced-price meals or may not qualify for meal benefits at all based on household size and income.

DON'T MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. TANF and Basic Food staff at the Department of Social and Health Services (DSHS) sends a list of children on these programs to the Office of Superintendent of Public Instruction (OSPI). OSPI matches the children on this list to our list of enrolled students that your child's school has reported to us. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and aren't.

If you do not want your child to participate in the free meal programs using this method, please notify the school.

IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. If someone else in the household has a case number, other than a student or a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to <http://www.foodhelp.wa.gov/basicfood.htm>.

APPLE HEALTH FOR KIDS (FREE OR LOW-COST HEALTH COVERAGE)

If you would like information about Apple Health for Kid's free or low-cost health coverage for your children, please call to request an application at toll free 1-877-543-7669 or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Apple Health for Kids may include health coverage for doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child has other health coverage, they may still be eligible for help with the monthly premium, co-pays or deductibles.

WHAT IF MY CHILD NEEDS SPECIAL FOODS?

All meals served meet the 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's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

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.

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 Mike Newman, Deputy Superintendent, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 253-931-4972.

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

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

If you believe you have been treated unfairly, you may file a complaint of discrimination by writing, USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Check here if you received meal benefits last year.

**AUBURN SCHOOL DISTRICT #408
2011-2012 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS**

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

Complete, sign and return this application to your child's school or to: ASD Child Nutrition Services, 1302 4th St SW, Auburn, WA 98001

1. List all students living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.
If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school. Homeless Migrant Runaway

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income			Does the student receive Basic Food, TANF or FDP/IR? If YES, you must list a case number.
							Weekly	Every 2 Weeks	Twice a Month	
										<input type="checkbox"/> Yes-Case # _____
										<input type="checkbox"/> Yes-Case # _____
										<input type="checkbox"/> Yes-Case # _____
										<input type="checkbox"/> Yes-Case # _____
										<input type="checkbox"/> Yes-Case # _____

2. List the names of all other household members - Enter income and CHECK how often it is received. If you write a case number for another household member, skip to **Section 4**. However, if the case number is only for the foster child(ren), you must proceed to **Section 3**.

Names of ALL other household members (do not include names of students listed above)	Foster Child	No Income	Earnings from work (before any deductions)	Frequency			Child Support, Alimony	Pensions, Retirement, Social Security (SSI)			Any Other Income Not Already Listed	Frequency			Does any household member receive Basic Food, TANF, or FDP/IR? If YES, you must list a case number.
				Weekly	Every 2 Weeks	Twice a Month		Weekly	Every 2 Weeks	Twice a Month		Weekly	Every 2 Weeks	Twice a Month	
			\$												
			\$												
			\$												
			\$												
			\$												

3. Total Household Members (include all people living in your household): _____
 4. Signature and Social Security Number - I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDP/IR case number is reported correctly. 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.

Last 4 digits of your social security number: _____
 OR, if you do not have a social security number, check the box:

Printed Name of Adult Household Member _____	
Mailing Address _____	Street Address _____
City & Zip Code _____	Home Phone _____ Work/Cell Phone _____
Adult Household Member Signature _____ Date _____	
Email Address _____	

5. Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:
 Asian
 White
 Black, or African American

American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

6. Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees: Sport/Athletic Fees College Bound Full-day Kindergarten

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

Parent/Guardian Signature _____

Date _____

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 (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL/DENIAL

Basic Food/TANF/FDPIR Household Total Household Size _____
 Income Household Total Household Income \$ _____
 Foster Child (categorically free) Income Approved by (check one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

Free Meals
 Reduced-Price Meals

TEMPORARY APPROVAL FOR:

Free Meals Reduced-Price

Date Temporary Approval Expires: _____

APPLICATION DENIED BECAUSE:

Income Over Allowed Amount
 Incomplete/Missing Information
 Other: _____

Date Notice Sent _____

Signature of Approving Official _____

Date _____