

WATER VALLEY SCHOOL DISTRICT: FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2017-18

STEP 1. ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO 12 TH GRADE. (Not Adults) (FIRST, MIDDLE, LAST NAME) PLEASE PRINT NEATLY	CIRCLE ONE WV SCHOOL NAME	GRADE	HOMEROOM TEACHER	INDICATE IF FOSTER, HOMELESS, MIGRANT, RUNAWAY, or HEAD START CHILD
Children's names:	HS / ELEM. / NA			
	HS / ELEM. / NA			
	HS / ELEM. / NA			
	HS / ELEM. / NA			
	HS / ELEM. / NA			
	HS / ELEM. / NA			
	HS / ELEM. / NA			

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF OR FDPIR? IF NO GO TO STEP 3. IF YES WRITE A **CASE NUMBER** HERE THEN GO TO STEP 4. (DO NOT COMPLETE STEP 3)
CASE NUMBER: _____

STEP 3: TOTAL HOUSEHOLD GROSS INCOME. INDICATE WEEKLY; EVERY TWO WEEKS; BI-MONTHLY; OR MONTHLY INCOME.

A. CHILD INCOME: SOMETIMES CHILDREN IN THE HOUSEHOLD EARN OR RECEIVE INCOME. (Examples: child has a part time job, receives disability or survivor payments or income from a person outside the household.) Put that amount here: **INCOME \$** _____

B. ALL ADULT HOUSEHOLD MEMBERS (INCLUDING YOURSELF) (LIST ALL HOUSEHOLD MEMBERS NOT LISTED IN STEP 1, **EVEN IF THEY DO NOT RECEIVE INCOME.** FOR EACH HOUSEHOLD MEMBER LISTED, IF THEY DO RECEIVE INCOME, REPORT TOTAL GROSS INCOME (**BEFORE TAXES**) FOR EACH SOURCE IN WHOLE DOLLARS (NO CENTS) ONLY. IF THEY DO NOT RECEIVE INCOME FROM ANY SOURCE, WRITE '0' OR LEAVE BLANK, YOU ARE CERTIFYING (PROMISING) THAT THERE IS NO INCOME TO REPORT.

PRINT FIRST AND LAST NAME OF ALL <u>ADULTS</u> IN HOUSEHOLD.	EARNINGS FROM WORK BEFORE DEDUCTIONS	CIRCLE HOW OFTEN YOU GET PAID	PUBLIC ASSISTATCE /CHILD SUPPORT/ ALIMONY	CIRCLE HOW OFTEN YOU GET PAID	PENSIONS/ RETIREMENT/ ALL OTHER INCOME	CIRCLE HOW OFTEN YOU GET PAID
		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY
		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY
		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY
		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY		WEEKLY; BI-WEEKLY; 2X A MONTH; MONTHLY

****TOTAL HOUSEHOLD MEMBERS** _ _ _ _

****LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) OF SIGNER:** _ _ _ _

(Complete front and back)

****CHECK IF NO SSN** ___

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

SIGNATURE: _____ PRINT NAME: _____ DATE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

(OPTIONAL) CHILDREN'S ETHNIC AND RACIAL IDENTITIES

ETHNICITY (CHECK ONE) _____ HISPANIC/LATINO _____ NOT HISPANIC/LATINO

RACE (CHECK ONE OR MORE) _____ AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____ BLACK OR AFRICAN AMERICAN _____ WHITE
 _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

Your children may qualify for free or reduced price meals if your household income falls at or below the limits found on the chart below:

**Income Eligibility Guidelines
 (Effective July 1, 2017- June 30, 2018)**

Scale for Free Price Meals					
Household Size	Annual	Month	Twice per Month	Every 2 Weeks	Weekly
1	\$15,678	\$1,307	\$654	\$603	\$302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional family member add	+5,434	+453	+227	+209	+105

Scale for Reduced Meals					
Household Size	Annual	Month	Twice per Month	Every 2 Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member add	+7,733	+645	+323	+298	+149

*Reduced price for breakfast will be 30 cents and lunch will be 40 cents.

FREQUENTLY ASKED QUESTIONS

Dear Parent/Guardian:

Children need healthy meals to learn. Water Valley School District offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.25. **Your children may qualify for free meals or for reduced price meals.** Reduced price is 30 cents for breakfast and 40 cents for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **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. Return the completed application to Water Valley School District Office, Food Service Administrator or your child's cafeteria manager.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from [State SNAP], [The Food Distribution Program on Indian Reservations] or [State TANF], are eligible for free meals. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** **Yes,** foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELES, RUNAWAY, MIGRANT, or HEAD START CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, migrant or head start qualify for free meals. If you haven't been told your children will get free meals, please call Trey Allman at the District Office to see if they qualify.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 662-473-1203 if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** **Yes.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD (REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I 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 reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: [Dr. Michael McInnis, PO Box 788, Water Valley, MS 38965] michael_mccinnis@wvsd.k12.ms.us
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child (ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900 put down that your made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call Trey Allman at the District Office.

If you have other questions or need help, call 662-473-1203.

Si necesita ayuda, por favor llame al telefono: 662-473-1203.

Si vous voudriez d'aide, contactez nous au numero: 662-473-1203.

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Water Valley School District. The application must be filled out completely to certify your children for free or reduced price school meals.

Please use a pen and not a pencil. Please print neatly.

Step 1: List all children 18 years old and under that live in the household. Include School; grade; and homeroom teacher if known. Check other columns if they apply (Foster, Migrant, Homeless, Head Start)

Part 2: If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

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

List the name and Case # of one person in your household that receives any of the listed benefits. You **must** provide a case # to qualify.

Part 3: List all adults in the household and any income received. Income should be **gross income (before taxes and benefits are taken out)**. List any children that receive income. Mark how much and how often they receive the income.

(Do not list people who live with you but are not supported by your household's income **and** do not contribute income to your household.)

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she or he doesn't have one). It is optional to check your ethnicity and race.

The Richard B. Russell National School Lunch Act requires the information of this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339). Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: MAIL: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. FAX: (202) 690-7442; or email: program.intake@usda.gov.

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