

CHILD NUTRITION

A Partner in Education

Parents/Guardian:

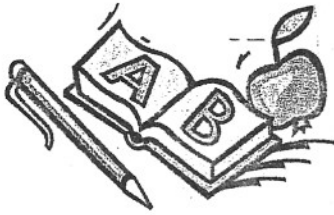
Enclosed is the free and reduced price meal application for the 2005-2006 school year. You will only need to complete **ONE APPLICATION** per household. **Please do not fill out an application for each child.** List all children in your household on one application, even if they go to different schools. You are requested to read the enclosed parent letter and application instructions before completing the application. Promptly return the application to your child's school or mail to:

**HAYWOOD COUNTY SCHOOLS
CHILD NUTRITION OFFICE
5855 Crabtree Road
Clyde, NC 28721**

If you have questions please call Glenda Scott at 627-1150.

Thank you for your cooperation.

HAYWOOD COUNTY SCHOOLS CHILD NUTRITION PROGRAM



Dear Parent/Guardian:

Children need healthy meals to learn. Haywood County Schools offers healthy meals every school day. Breakfast costs \$.75; lunch costs \$1.50 (elementary schools) \$1.75 (middle and high schools). Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price 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: Haywood County Child Nutrition, 5855 Crabtree Road, Clyde, NC 28721.*
- 2. Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway, and migrant children get free meals?** Please call (828)-627-1150 to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
- 4. 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 Income Chart shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free and reduced price meals?** Please read the letter you got carefully and follow the instructions. Call (828)-627-1150 if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your children may be able to get free or reduced price meals.
- 9. 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. Anne Garrett, Haywood County Schools 1230 N. Main St. Waynesville, NC 28786 (828)-456-2400.
- 10. May I apply if someone in my household is not a US citizen?** Yes. You or your children do not have to be a US citizen to qualify for free or reduced price meals.
- 11. 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). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

If you have other questions or need help, call Glenda @ (828)-627-1150.

Sincerely,

Sandy P. Brooks

Sandy P. Brooks
Child Nutrition Director

Instructions for Applying

If your household gets FOOD STAMPS or TANF, follow these instructions:

- Part 1: List children's names, school, grade, and a Food Stamp or TANF case number
- Part 2: Check the appropriate box, if any
- Part 3: Skip this part
- Part 4: Skip this part
- Part 5: Sign the form. A Social Security Number is not necessary
- Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school, and grade
- Part 2: Skip this part
- Part 3: Check the box and list the child's personal use monthly income and their social security #.
- Part 4: Skip this part
- Part 5: Sign the form. A social security number is not necessary.
- Part 6: Answer the question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each child's name, school, and grade
- Part 2: Check the appropriate box, if any
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.

Column 1 – Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 – Gross Income last month and how often it was received. Next to each person's name list each type of income received last month and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include worker's compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next To the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include the housing allowance.

Column 3 – Check if No Income: If the person does not have any income, check the box.

- Part 5: An adult household member **must** sign the form and list his or her social security number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.





Household Size	Yearly	Monthly	Weekly
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional Household Member add:	6,031	503	116

Your Children may qualify for free and reduced price meals if your household income falls within the limits on this chart.

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 on this application, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202.720.5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Haywood County Schools
ONE APPLICATION PER FAMILY

2005 - 2006

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school			School Name	Grade	Food Stamp or TANF # (if any). Skip to Part 5 if you list Food Stamp or TANF#
First	Middle Initial	Last			

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call (828)-627-1150.
Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. Child's Social Security # _____. Skip Part 5.

Part 4. Total Household Gross Income – You must tell us how much and how often

1. Name (List everyone in household)	2. Gross Income and how often received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO Income
	Earnings from work before deductions	Welfare, Child Support, alimony	Pensions, retirement, Social Security	All Other Income	
Example: Jane Smith	\$200/Weekly	\$150/Weekly	\$100/monthly	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member **must** sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or Mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ **Print Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Social Security Number: _____ - _____ - _____ **Date:** _____

☐ I do not have a Social Security Number

Part 6. Children's racial and ethnic Identities (Optional)

Mark one or more racial identities:		Mark one ethnic Identity:
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	