

MARION COUNTY SCHOOLS

Application For Free & Reduced Priced Meals 2013-2014

Dear Parent/Guardian:

Children need healthy meals to learn. Marion County Schools offers healthy meals every school day. Breakfast costs **\$.75**; lunch costs **\$2.00**. 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: **Jennifer Roberts, CNP Director, 188 Winchester Drive, Hamilton, AL 35570 205-921-3191 or 1-888-448-5904.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **Alabama SNAP/Food Stamps, the Food Distribution Program on Indian Reservations or Alabama TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income 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 HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Marion County Schools Homeless Liaison cnp@mcbe.net or Migrant Liaison at 205-921-3191 local calls or 1-866-448-5904 for toll free calls** 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 central office at **205-921-3191** 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: **Mr. Ryan Hollingsworth, Superintendent, 188 Winchester Drive, Hamilton, AL 35570 205-921-3191 or 1-888-448-5904.**
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 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.
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 **Alabama SNAP/Food Stamps** or other assistance benefits, contact your local assistance office or call **1-800-382-0499**.

Fold, Staple, or Tape or Place In An Envelope

Principal

Fold

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 (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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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. To file a complaint of discrimination, write 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."

If you have other questions or need help, call **(921-3191 local calls or 1-866-448-5904 toll free)**

Si necesita ayuda, por favor llame al tele`fono: (921-3191 local calls or 1-866-448-5904 toll free)

Si vous voudriez d' aide, contactez nous au numero: (921-3191 local calls or 1-866-448-5904 toll free)

Sincerely,

Jennifer Roberts, Child Nutrition Program Director

INSTRUCTIONS FOR APPLYING

One Application Per Household.

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM ALABAMA SNAP (FOOD STAMPS), OR ALABAMA TANF OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List students and the name of school for each child.
- Part 2:** List the case number for any household member (including adults) receiving Alabama SNAP or Alabama TANF or FDPIR benefits
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS Alabama SNAP / Food Stamps OR Alabama TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all students and the name of school for each child.
- Part 2:** Skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Marion County Schools homeless liaison or migrant coordinator at 205-921-3191 local calls or 1-866-448-5904 for toll free calls.**
- Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
- Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
- Part 6:** Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- If all children in the household are foster children:**
- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
 - Part 2:** Skip this part.
 - Part 3:** Skip this part.
 - Part 4:** Skip this part.
 - Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
 - Part 6:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- If some of the children in the household are foster children and some, or all are not foster children:**
- Part 1:** List all students and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
 - Part 2:** If the household does not have a case number, skip this part.
 - Part 3:** If any child you are applying for his homeless, migrant, or a runaway check the appropriate box and call **Marion County Schools homeless liaison or migrant coordinator at 205-921-3191 local calls or 1-866-448-5904 for toll free calls** If not, skip this part.
 - Part 4:** Follow these instructions to report total household income from this month or last month.
 - **Box 1 - Name:** List all household members.
 - **Box 2 - Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. **You must tell us how often** the money is received--weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - **Box 3 - For any person, including children, with no income, you must check the "No Income box".**
 - Part 5:** Adult household member **must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).**
 - Part 6:** Answer this question, if you choose.

Federal Eligibility Income Chart For School Year 2013-2014

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

Household Size	Yearly	Monthly	Weekly
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
Each additional person	7,437	620	144

*ALL students are given an application. List all children in your household on one application. Return only one application to your school.

Marion County Schools

2013-2014 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PRINT NEATLY

USE BLUE OR BLACK INK

Part 1 - List all students

Student's SSN Number (optional)	Print the name of EACH STUDENT attending School				Grade	Name of school for each child/or indicate "NA" if child is not in school.	Check if a foster child (legal responsibility of welfare agency or court) "If all children listed below are foster children, skip to Part 5 to sign this form."	Check if NO income
	Last Name	First Name	MI	Grade				
1							<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>

Part 2 - Benefits - If any member of your household receives Alabama SNAP, FDPIR, or Alabama TANF Cash Assistance, provide the name

Name _____ Case Number _____

Part 3 - If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the coordinator at 205-921-3191 or 1-866-448-5904.

Homeless Migrant Runaway

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

1. Name (Name of all household members) (First, Middle Initial, Last)	2. Gross income and how often it was received				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income	
(Example) Jane Smith (Please Mark W, M, BW, 2XM)	\$200 / weekly (W)	\$150 / twice monthly (2XM)	\$100 / monthly (M)	\$_____ every other week (BW)	<input type="checkbox"/>
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
8. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 5 - Signature and last four digits of 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 must list the last four digits of 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.

Guardian Signature _____

Printed Guardian First Name _____ Printed Guardian Last Name _____

Social Security Number _____

Mailing Address _____ Apt. # _____

Date _____ City _____ State _____ Zip Code _____

TOTAL NUMBER HOUSEHOLD MEMBERS _____

INCLUDING CHILDREN FROM PART 1: _____ Home Phone _____ Work Phone (optional) _____

Part 6 - Race: Please check the racial or ethnic identity of your child(ren). You are not required to answer this question.

Choose one ethnicity:

Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official Signature: _____ Date: _____