

2017-2018 PICKENS COUNTY SCHOOLS Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Application Number _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the Child Income question. The **Sources of Income for Adults** section will help you with the All Adult Household Members section.

Child's First Name	MI	Child's Last Name	School Name	Grade	Birthdate (MMDDYY)	Student? Yes No	Homeless, Migrant, Runaway Foster Child
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:
Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Anyone who is living with you and shares income and expenses, even if not related.) Skip this step if you answered 'Yes' to STEP 2)

OPTIONAL
Children's Racial and Ethnic Identities
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):
 Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):
 American Indian or Alaskan Native White
 Asian Black or African American Native Hawaiian or Other Pacific Islander

A. Child Income
Sometimes children in the household earn income. Please list the TOTAL gross income earned by the children listed above in STEP 1.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?					
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
	\$																
	\$																
	\$																
	\$																
	\$																
	\$																

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

MAILING Address	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult completing the form		Signature of adult completing the form			Today's date

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS

Dear Parent/Guardian: Children need healthy meals to learn. Pickens County Schools offer healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.00 for ES, \$2.25 for MS, \$2.30 for HS. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS? All children in households receiving benefits from **SNAP** or **TANF**, are eligible for free meals. **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Children participating in their school's Head Start program are eligible for free meals.** Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018					
Household Members	Yearly	Monthly	Twice Monthly	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
Each additional person:	7,733	645	323	298	149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Homeless Liaison at (678)503-0173; Migrant Education Agency at (800) 648-0892 ext.17; Head Start (770) 424-1961.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meal 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 the cafeteria manager at any Pickens County School District school.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the Cafeteria Manager.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. You can find the online application at www.pickenscountyschools.org.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. 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.

10. 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. Carlton Wilson, Superintendent, 100 DB Carroll St, Jasper, GA 30143, 706-253-1700.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. 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.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact the Cafeteria Manager to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-877-423-4746**.

If you have other questions or need help, call (706) 253-1700 for more information.

Sincerely,

Beth Thompson, MS, RDN, LD, School Nutrition Director, Pickens County Schools.

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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 program 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 to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442; or email at program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING PLEASE PRINT NEATLY WITH PEN. ONE APPLICATION PER HOUSEHOLD

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12. Include anyone living with you and shares income and expenses, even if not related. For each student, print the student's first name, middle initial, last name, school, grade, and birthdate. If any students listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4. If you believe any student listed in this section may be Homeless, Migrant, Runaway, or Head Start check the appropriate box and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN SNAP (formerly known as Food Stamps), or Temporary Assistance for Needy Families (TANF)? If anyone in your household participates in the assistance programs listed, your children are eligible for free meals. Enter a current state of Georgia case number.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS. **A)** Report all income earned by children. (Many households do not have child income.) Report the combined gross income for ALL children listed in Step 1. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them. **B)** List all other Household member's names and gross income. Do not list any household members you listed in STEP 1.

SOURCES OF INCOME FOR CHILDREN: Earnings from work (A child has a job where they earn a salary or wage.), Social Security (Disability Payments or Survivor's Benefits.), Income from persons outside the household (A friend or extended family member regularly gives a child spending money.), income from any other source (A child receives income from a private pension fund, annuity, or trust.)

SOURCES OF INCOME FOR ADULTS: Earnings from Work (Gross earnings, make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay), Public Assistance/Alimony/Child Support (Unemployment benefits, Worker's compensation, SSI, cash assistance from State or local government, alimony payments child support payments, Veteran's benefits.), Pensions/Retirement/All Other income (Social Security, Private pensions or disability, income from trusts or estates, annuities, investment income, earned interest, rental income, regular cash payments from outside the household.), Self-employment income (report income from work as a net amount subtracting business expenses.) If you are in the U.S. Military include basic pay, cash bonuses and allowances for off-base housing, food and clothing. **DO NOT** include combat pay, FSSA or privatized housing allowances.

REPORT TOTAL HOUSEHOLD SIZE: This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. Provide the last four digits of your Social Security Number. If no adult household member has a Social Security Number, then check the box labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. All applications must be signed by an adult member of the household. Provide your contact information and date the application with today's date.

OPTIONAL: Share Children's racial and ethnic identities. This field is optional and does not affect your child's eligibility for free or reduced-price school meals.

Until your application is processed and you have been notified of your benefit status, please provide your child (ren) with money to purchase meals or provide a meal from home. Meal prices are listed at the top of this page.