

National School Lunch Program/School Breakfast Program

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals and other benefits from the school such as reduced traffic safety education (if available) or free health insurance. The cost of school meals is shown below.

Breakfast will be served to those children who qualify for free and reduced-price meals at no cost.

**New this year:** Lunches served to children who qualify for reduced-price meals in kindergarten through 3<sup>rd</sup> grade will be made available at no cost. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
Elementary	\$	\$2.75	\$	\$	\$0.00	\$ .40	\$
Middle	\$	\$3.00	\$	\$	\$	\$ .40	\$
High	\$	\$3.00	\$	\$	\$	\$ .40	\$

All meals meet 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 needs this assistance, please contact us.

Look at the chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. TOTAL HOUSEHOLD INCOME IS: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced-price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

INCOME CHART Effective from July 1, 2007 to June 30, 2008				WHO SHOULD FILL OUT AN APPLICATION?	
Household Size	Yearly	Monthly	Weekly	If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.	
1	\$18,889	\$1,575	\$364		
2	25,327	2,111	488		
3	31,765	2,648	611		
4	38,203	3,184	735		
5	44,641	3,721	859		
6	51,079	4,257	983		
7	57,517	4,794	1,107		
8	63,955	5,330	1,230		
For each Additional member add:	+6,438	+537	+124	<b>WHAT MUST BE ON THE APPLICATION?</b> <b>For households not getting Basic Food/TANF/FDPIR:</b> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Names of all household members</li> <li>• Income by source for all household members</li> <li>• 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)</li> <li>• Adult household member's signature</li> </ul>	
				<b>For a family getting Basic Food /TANF/FDPIR:</b> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Basic Food, TANF, or FDPIR case number</li> <li>• Adult household member's signature</li> </ul>	
				<b>For a foster child:</b> <ul style="list-style-type: none"> <li>• Child's name (one per application)</li> <li>• Child's personal use income</li> <li>• Adult's signature</li> </ul>	

**OTHER BENEFITS**

Are you interested in receiving information about other benefits that your family may be entitled to? Please take a look at the "Other Benefits" section on the back of the application for free and reduced-price meals.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

**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 Craig Christensen, 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 425-837-7010.

**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**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

To apply for free and reduced-price meals for your children, complete this application, sign your name and return the application to school. If your household receives benefits from Basic Food, TANF, or FDPIR, complete only Parts 1, 4, and 5. If your household does not receive benefits from Basic Food, TANF, or FDPIR, complete Parts 2a, 2b, 4, and 5. If you are applying for free and reduced-price meals for a foster child, complete parts 3, 4, and 5. For assistance please call your child's school and ask for help with the free and reduced-price meals application. Foster children need their own application.

PART 1 LIST CHILDREN ONLY OF BASIC FOOD, TANF, OR FDPIR HOUSEHOLDS								
Child's Name FIRST	MI	LAST	Basic Food or TANF (X)	FDPIR (X)	Case Number	School	Room	Grade

PART 2a IF YOU DON'T HAVE BASIC FOOD, TANF, OR FDPIR, LIST CHILDREN HERE							
Child's Name FIRST	MI	LAST	School	Room	Grade	Date of Birth	

PART 2b LIST HOUSEHOLD MEMBERS AND INCOME						
Do not complete this section if you completed Part 1. List the names of <u>EVERYONE</u> living in your household, including yourself and any children listed in Part 2a. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets PER MONTH on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. If income is received other than monthly, use the income conversion chart provided below. Do not include foster children.						
NAMES of Household Members FIRST MI LAST	Gross MONTHLY Earnings (before deductions)		MONTHLY Welfare Payment, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income	
	Job 1	Job 2				
1.						
2.						
3.						
4.						
5.						
6.						
7.						

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every Two Weeks x 2.15; Twice a Month x 2

PART 3: LIST FOSTER CHILD: Write "0" if the child has no personal income				
Child's Name	Child's Monthly Personal Use Income	School	Room	Grade

PART 4: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)		
Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black, or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

PART 5: SIGNATURE, SOCIAL SECURITY NUMBER, AND ADDRESS	
An adult household member must sign the application before it can be approved. If you do not have a social security number, check the "I do not have a social security number" box. If you listed a Basic Food, TANF, or FDPIR number for your child, or are applying for a foster child, a social security number is not needed.	

I certify that all of the above information is true and correct and that all income is reported. 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.

Please sign here: X _____		
Signature of Adult Household Member		Date
PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	CITY AND ZIP CODE	WORK TELEPHONE NUMBER
<input type="checkbox"/> I do not have a social security number		

**PART 6: OTHER BENEFITS: Your family may be eligible for MORE benefits. You do not have to complete this part to receive free and reduced-price meals. CHECK AND SIGN BELOW.**

- Do you need free health insurance for your children?** Please check this box and sign below if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more! *Please do not check the box if you already receive Medicaid and get a monthly DSHS green and white card (coupon).* For more information call 1-877-KIDSNOW (543-7669).
- Check here and sign below if you want to give school officials permission to use the information provided on this application to determine your children's eligibility for \_\_\_\_\_, \_\_\_\_\_  
(list name(s) of program(s) specific to your school)

I understand that I will be releasing information that shows that I am applying for free and reduced-price benefits under Child Nutrition Programs. For these purposes only, I waive my confidentiality.

Please sign here: X \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Privacy Act Statement: National School Lunch Act (Section 9)** - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
  - Income Household
  - Foster Child
- Total Household Monthly Income \$ \_\_\_\_\_  
Total Household Size \_\_\_\_\_

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

\_\_\_\_\_ Date Notice Sent \_\_\_\_\_ Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		<input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Confirmed
Response Due From Household			
Second Notice Sent			
			<input type="checkbox"/> Basic Food/TANF Office
			<input type="checkbox"/> Notice of Eligibility

MONTHLY INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_ Date Adverse Notice Sent \_\_\_\_\_  
Signature of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_