

PENN MANOR SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. Penn Manor School District offers healthy meals every school day. Breakfast costs \$1.25 for elementary and \$1.50 for secondary. Lunch costs \$2.15 for elementary and \$2.30/\$3.25/\$3.50/\$3.75 for secondary. Your children may qualify for free meals or for reduced price meals. Reduced price is no charge 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 the school building. Families can also apply online for free or reduced school meals, and other benefits, at www.compass.state.pa.us.
- 2. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not, who share income and expenses.
- 3. WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) can get free meals regardless of your income. This includes children living in the household who do not receive SNAP or TANF. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
- 4. 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 and should be included on the household application. They are no longer considered a household of one.
- 5. CAN HOMELESS, MIGRANT AND RUNAWAY CHILDREN GET FREE MEALS?** Please contact Carol Alexander at 872-9500 x2233 for assistance in receiving meal benefits.
- 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 district at 872-9500 x2228 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 30 operating days of this school year. You must send in a new application by October 5, 2012 unless the school told you that your child has been directly certified for free meals 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: [name, address, phone number, e-mail].
- 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. 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.
- 14. 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.
- 15. 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.

INSTRUCTIONS FOR APPLYING

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

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

Part 1: List the name and nine (9) digit case number of any household member receiving SNAP or TANF benefits.

Part 2: Skip this part.

Part 3: Complete section A including ALL household members. List the child(ren)'s school they attend and grade. Do not complete section B

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Answer this question if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY AND DOES NOT RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: If any child you are applying for is homeless, migrant, or a runaway, call [your school's homeless liaison, migrant coordinator].

Part 3: In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling H for homeless; M for migrant; or R for a runaway. List what school they attend and their grade. Section B does not need to be completed.

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Answer this question if you choose.

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

If all children in the household are foster children:

Part 1: Skip this part.

Part 2: Skip this part

Part 3: In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling F. List what school they attend and their grade. Section B does not need to be completed.

Part 4: Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.

Part 5: Answer this question if you choose.

If you are applying for all children in the household where some children are foster and some are not:

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling F to indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

ALL OTHER HOUSEHOLDS, INCLUDING INCOME BASED AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section A – Name:** List all household members. List the child's school and grade. For any person, including children, with no income, you must check the "No Income" box.
- **Section B – 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. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the gross income, not the pay you take-home. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and 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, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.

Part 5: Answer this question if you choose.

2012-2013 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 3 AND only fill out the child's name, grade and school the child attends. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS A (F) FOSTER (legal charge of welfare agency or court), (H) HOMELESS, (M) MIGRANT, OR (R) RUNAWAY CIRCLE THE APPROPRIATE LETTER IN PART 3. CALL Carol Alexander at 872-9500 x2233 IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us who, how much and how often.

A. NAME (List all household members. Attach an additional page if needed)	Indicate if a Foster, Homeless, Migrant or Runaway Child	Child's School	Child's Grade	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly</i>											
				Earnings From Work Before Deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security, SSI, VA Benefits		All Other Income		Check if NO income			
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PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)
 An adult household member must sign the application. If Part 3 is completed, the adult signing the form 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 Use of Information Statement on the Parent/Guardian letter.)
 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: _____ Print Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)
 Last four digits of Social Security Number: * * * * - * * * *
 Choose one ethnicity:
 Hispanic/Latino Not Hispanic/Latino Asian American Indian or Alaska Native Black or African American White Native Hawaiian or Other
 Choose one or more (regardless of ethnicity):
 I do not have a Social Security Number

DO NOT 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
 Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____
 Eligibility: Free Reduced Denied Reason: _____
 Determining Official's Signature: _____ Date: _____
 Signature of School Employee Completing Verification: _____ Date: _____
 Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____
 Date Withdrawn: _____

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 1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, call 872-9500 x2228.

Si necesita ayuda, por favor llame al teléfono: 872-9500 x2228.

Si vous voudriez d'aide, contactez nous au numero: 872-9500 x2228.

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

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2012-2013			
Household size	Yearly	Monthly	Weekly
1	\$20,665	\$1,723	\$ 398
2	\$27,991	\$2,333	\$ 539
3	\$35,317	\$2,944	\$ 680
4	\$42,643	\$3,554	\$ 821
5	\$49,969	\$4,165	\$ 961
6	\$57,295	\$4,775	\$1,102
7	\$64,621	\$5,386	\$1,243
8	\$71,947	\$5,996	\$1,384
Each additional person:	+\$7,326	+\$611	+\$141

Sincerely,



Randy L. Wolfgang

Director of Support Services

Use of Information 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, 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 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."