



WAKULLA COUNTY SCHOOL BOARD

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POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850)926-0065
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ROBERT PEARCE
SUPERINTENDENT

August 2017

Dear Parent/Guardian:

*Children need healthy meals to learn. **The Wakulla County School Board** offers healthy meals every school day. Children at the Wakulla Education Center, Wakulla Institute, and all elementary level schools will be offered breakfast and lunch at no cost. Lunch is offered at the middle and high school level for \$2.45, and breakfast is offered at the middle school level and Wakulla High for \$1.55. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.*

1. Do I need to fill out an application for each child? No. 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 middle or high school that your child(ren) attend.

2. Who can get free meals? All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP*), Temporary Assistance for Needy Families(TANF), or the Food Distribution Program on Indian Reservations (FDPIR), 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 Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

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.

4. Can homeless, runaway, head start, and migrant children get free meals? Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. 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 Tanya English, Homless Liaison at (850)926-0065, Tanya.English@wcsb.us.

5. Who can get reduced price meals? Your children can get reduce price 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? No, but please read the letter you got carefully and follow the instructions. Call the school or District Food Service Office at **926-0065, ext. 9521** 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 send in 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 the District Food & Nutrition Supervisor, Gina Ward, (850) 926-0065, ext. 9521. You also may ask for a hearing by calling or writing: Randall Beach, Chief Financial Officer, P.O. Box 100, Crawfordville, FL 32326, (850)926-0065, Randall.Beach@wcsb.us.

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 a U.S. citizen 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 overtimes sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

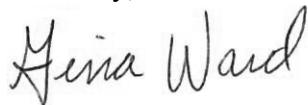
15. We are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. My spouse is deployed to a combat zone. Is his/her combat pay counted as income? No, if the combat pay is received in addition to his/her basic pay because of deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your child's 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 SNAP or other assistance benefits, contact your local assistance office or call 1-800-435-7352.

If you have other questions or need help, call the office at your child's school or the district Food Service Office at (850) 926-0065.

Sincerely,



Gina Ward

Food & Nutrition Supervisor

Wakulla County School Board

(850)926-0065, ext. 9521

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 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: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202)690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

IMPORTANT!

Part I

- List ALL Household members.

(A household member is any child or adult living with you).

_____ Write the birth date and the name of the school for each child attending school.

_____ If a student qualifies as foster, homeless, runaway, migrant, or Head Start, check the appropriate box in part 1. If these do not apply to your child(ren), leave blank.

_____ Check the “No Income” box for members not receiving an income.

_____ Write the name of and case number for a member of the household that receives SNAP or TANF benefits? (Case number is a 10 digit number- - not the number on the card)

Or

Complete Part 3: LIST ONLY HOUSEHOLD MEMBERS including children THAT RECEIVE AN INCOME. Report the amount of income before deductions and check the box that corresponds to how often the income is received. Do not list members with no income – mark the “No Income” box in Part 1 if the individual does not receive an income).

Only seasonal migrant, or self-employed families are permitted to report annual income.

_____ Sign your name.

_____ Print your name.

_____ List the last four digits of your Social Security Number. (Necessary for applications listing Income.)

Applications returned with correction fluid or correction tape are not acceptable.

Applications missing the above information cannot be approved.

Meals must be paid for until application is approved. Approval may take up to 10 days.

(Return the completed application to the middle or high school that your child attends. DO NOT FAX.)

VIEW YOUR CHILD’S LUNCH ACCOUNT
AT
www.MySchoolBucks.com

Substitution of food items for individuals may be made for medical reasons.
A diet modification form is required.
Accommodation is determined on a case by case basis.

INSTRUCTIONS FOR APPLYING

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

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

Part 1: List only household members and the name of the school for each child.

Part 2: List the case number for any household member (including adults) receiving SNAP, TANF, or FDPIR benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose to.

If no one in your household gets SNAP, TANF, or FDPIR benefits and if any child in your household is homeless, a migrant or runaway, or in Head Start follow these instructions:

Part 1: List all household members and the name of school for each child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call the school homeless liaison, migrant coordinator.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you did not need to fill in Part 3.

Part 5: 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: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose to.

***If some of the children in the household are foster children:**

Part 1: List all household members 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 for each foster child indicating the child is a foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call the school homeless liaison, migrant coordinator.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: 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 5: Answer this question, if you choose.

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

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway, check the appropriate box and call the school homeless liaison, migrant coordinator.

Part 2: If the household member does not have a case number, skip this part.

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

- **Section 1 – Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, 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. Only seasonal, migrant, or self-employed families are permitted to report annual income.
 - **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.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** list the amount each person received
 - **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 WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earning 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.

Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

Part 5: Answer this question if you choose to.

Please return the form to the school office.

ONE APPLICATION PER HOUSEHOLD – Return to any school your child(ren) attend.

WAKULLA COUNTY SCHOOL BOARD

2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. All Household Members									
Student I.D. (School use only)	Names of ALL household members (First, Middle, Last)	Student Birth Date	School Name	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Check box if NO Income
				Foster	Homeless	Migrant	Runaway	Headstart	
65									<input type="checkbox"/>
65									<input type="checkbox"/>
65									<input type="checkbox"/>
65									<input type="checkbox"/>
65									<input type="checkbox"/>
65									<input type="checkbox"/>

Part 2. Benefits - If any member of your household receives SNAP* or TANF, provide the name and case number for the person who receives the benefits (this is not the number on the EBT card) and skip to Part 4. If no one receives these benefits, skip to Part 3.
 Name: _____ Program Name: _____ Case Number: _____
 (This is not the number on the EBT card)

Part 3. Total Household Gross Income (before deductions) ---- List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE. (*Only seasonal, migrant or self-employed families are permitted to report annual income.)

1. Name: List only household members with income - including children, grandparents, relatives or friends	2. Gross Income and how often it was received – Gross income is the amount before taxes and other deductions.																				
	Earnings from work before deductions	Weekly	Every 2 weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security	Weekly	Every 2 weeks	Twice Monthly	Monthly	All Other Income (Unemployment, benefits, etc.)	Weekly	Every 2 weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$ 200	X				\$ 150		X			\$ 0					\$ 0					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also 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. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.
 Sign Here: X _____ Date: _____
 Print name: _____ Email: _____
 Last four digits Social Security Number: ***-**-____-____-____ I do not have a Social Security Number
 Address: _____ Phone: _____

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? No Yes

Part 5. Children's ethnic and racial identities (optional)
 Choose one ethnicity:
 Hispanic or Latino Not Hispanic or Latino
 Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or Other Pacific Islander

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
 Total Income: _____ Per: Week Every 2 Weeks Twice a Month Month Year Household size: _____
 Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____
 Reason for Denial or withdrawal: _____ Check if Error Prone Application
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Verifying Official's Signature: _____ Date: _____

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 size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	+7,733	+645	+149

*** SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

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 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 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, audiotope, 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 at 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.

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Documentation of Household Contact for Clarification of information MUST be listed:

Staff Initials	Date of Contact	Name of Household Member Contacted	Detail of Information Received (attach extra pages as needed)