Letter to Households for Free & Reduced Price Meals
In the National School Lunch/Breakfast Program

Dear Parent/Guardian:

Families submitting a complete application may be approved to receive meals free or at a reduced price. If any household member currently receives food stamps, TAFI, or FDPIR, your student(s) can receive free meals. If your total household income is the same or less than the amounts on the Income Chart to the right, and you submit a complete application, your student(s) may be approved to receive free or reduced price meals. Household members do not have to be US citizens for students to qualify for benefits.

Incomplete applications will be denied.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send documentation proving that your application is correct and your student(s) should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You may also ask for a fair hearing. You may do this by calling or writing:

Name Glen Szymoniak Phone 208-634-2161
Address 120 Idaho St, McCall, Idaho 83638

Income Chart (before taxes) Effective July 1, 2012 to June 30, 2013			
Household Size	**Annually**	**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
For each additional member add	+7,326	+611	+141

Reapplication: You may apply for meals at any time during the school year. If you are not eligible now but have a change in household circumstances, like a decrease in household income, an increase in household size, become unemployed, or if anyone in your household receives food stamps, TAFI, or FDPIR, complete another application at that time.

Instructions: (Incomplete applications will be denied)

1. **Student Information**
   a) Print the name(s) of the student(s) you are applying for free or reduced priced meals.
   b) A foster child is a child that is the legal responsibility of the welfare agency or court only. Check the box marked "Foster Child" if the student is a foster child.
   c) Check the box marked "No Income" if the student has no income.
   d) List the student(s) grade and school.
2. **Food Stamp, TAFI, or FDPIR Number**
   a) If applicable, list a current food stamp, FDPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed). Mark the box next to one of the following: Food Stamp, TAFI, or FDPIR.
3. **Household Members and Income**
   a) Read instructions in section 2 on application closely. Include all people living in your household, related or not, who share income and expenses. Section 2 is not required for food stamp, TAFI or FDIPR applications, or applications with foster children only.
   Required income to report includes:

Earnings from Work	Pensions/Social Security	Welfare/Child Support/Alimony	Other Income
Wages/salaries/tips	Pensions	Public assistance payments	Disability benefits
Strike benefits	Retirement income	Welfare payments	Cash withdrawn from savings
Worker's compensation	Veteran's payments	Alimony received	Interest dividends
Unemployment compensation	Social Security	Child support received	Income from estates/trusts/ investments
Net income from self-owned business or farm	Supplemental Social Security income		Regular contributions from persons not living in household
			Net royalties/annuities/net rental income
			Any other income

4. **Household Information**
   a) Print the contact information requested for your household. Write in the total number of members in your household. All household members must be included on this form.
5. **Student's Ethnic & Racial Identity – Optional**
   a) Mark one ethnic identity and one or more racial identity for the student(s) on the application (not required).
6. **Signature and Social Security Number**
   a) Print the name of adult household member.
   b) Sign and date.
   c) Enter the last four digits of the Social Security number of the adult household member that will sign the application (not required for food stamp, TAFI or FDIPR applications, or applications with foster children only). If you do not have a Social Security number, check the box labeled "I do not have a Social Security number."

Food service will let you know when your application is approved or denied.

Sincerely, Lisa Howes

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."

FY 2012-2013 Free and Reduced Priced School Meals Application (One Form per Household)

Incomplete applications will be denied

To apply for free or reduced price meals, complete this application, sign your name, and return the application to food service. Please call the following number for help:_____.

If you have been notified *this school year* that your child is approved for free meals, do not complete this form.

1. Student Information

Student's Name	Check Box if Foster Child*	No Income	Grade	Name of School
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

*Foster child must be legal responsibility of welfare agency or court

2. Food Stamp, TAFI, or FDPIR Number

Name of person receiving Benefit (can be ANY member in household)		
Case Number (EBT or Quest Card # Not Allowed)		
Check one box below		
☐ Food Stamp	☐ TAFI	☐ FDPIR

3. Household Members and Income (not required if Food Stamp, TAFI, or FDPIR Case number has been provided, or if all students are foster children)

List the names of everyone in your household and their gross income (**only list students from #1 again if they have income**). If your household member listed below has no income, you must check the "No Income" box. If they are a student already listed above, you must check the "Student" box. The "How Often" box must be answered if there is income in a category.			Earnings from Work Before Deductions ("How Often?" must be answered if income)		Welfare, Child Support, Alimony Received ("How Often?" must be answered if income)		Pensions, Retirement, Social Security ("How Often?" must be answered if income)		All Other Income ("How Often?" must be answered if income)	
Name	No Income	Student	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?
	☐	☐								
	☐	☐								
	☐	☐								
	☐	☐								
	☐	☐								

4. Household Information

Home Phone	Mailing Address	City/State/Zip
Work Phone	Street Address (if different from mailing address)	# of Members in Household

5. Student's Ethnic & Racial Identity – Optional

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Non-Hispanic or Non-Latino

Mark one or more racial identities:

☐ Asian

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

6. Signature and Social Security Number (Read Privacy Act Statement below)

I certify (promise) that all information on this application is true, and that all income is reported. I understand that the school may 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.

Printed Name	Signature	Date
Last 4 Digits of Social Security Number:	XXX-XX-___ ___ ___ ___	☐ I do not have a Social Security number

Privacy Act 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 food stamp, Temporary Assistance for Families in Idaho (TAFI) 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.

Official Use Only – Do Not Write in Boxes Below

Application Determination

Household Determination: ☐ Foster Student(s):_____ ☐ Food Stamp/TAFI/FDPIR ☐ Income: Total Income $_____ Frequency_____ # in Household_____			**Convert to Annual if Multiple Frequencies:** Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12
Approved: ☐ Free Meals ☐ Reduced-Price Meals Withdrawal Date:_____	**Denied:** ☐ Income over Allowed ☐ Incomplete/Missing ☐ Other _____	**Temporary Approval For:** ☐ Free Meals, Expires_____ ☐ Reduced-Price Meals, Expires _____	**Date Notice Sent:**
Signature of Determining Official:			**Date Determined:**

Verification

Signature of Confirming Official:	
Date 1st Notification Sent:	**Date 2nd Notification Sent:**
Results: ☐ No Change ☐ Free to Reduced ☐ Reduced to Free ☐ Ineligible – Reason: _____	
Signature of Verifying Official:	**Date:**