

**LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

Children need healthy meals to learn. Marshfield R-I School District offers healthy meals every school day. Breakfast costs Hubble, Webster and Shook \$1.10, Jr High and High School \$1.25; lunch costs Hubble, Webster and Shook \$1.35, Jr High \$1.50, High School \$1.75. Your children may qualify for free meal or for reduced price meals. Reduced price is .30 cents for breakfast and .40 cents 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: Central Office at 170 State Hwy DD, Marshfield, MO 65706.**

2. Who can get free meals? Children in households getting Food Stamps or Temporary Assistance and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call Jim Rich, Assistant Superintendent to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the above Federal Income Chart.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced meals? Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2008-2009 school year.

6. 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.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting food stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.

9. 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: Superintendent, Mark Mayo, 170 State Hwy DD, Marshfield, MO 65706.

10. 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.

11. 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). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other question or need help, call Nedra Fillmer or Jennie Ruth at 417-859-2120 ext: 2505 or ext: 2509.

Sincerely,

Mark Mayo, Superintendent

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.			
FEDERAL INCOME CHART			
For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	+6,660	+555	+129

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence

**DIRECT CERTIFICATION ELIGIBILITY
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

The _____ school is participating in the Direct Certification program. Direct Certification means that children who are from families currently approved for Food Stamps or a child receiving Temporary Assistance can be automatically approved for free meals at schools under the National School Lunch Program and the School Breakfast Program.

Each student listed below has been approved for free meals during the 2008-2009 school year, based on his/her eligibility for Food Stamps or Temporary Assistance.

Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____
Student Name _____	Student Name _____

THE CHILDREN LISTED ABOVE WILL RECEIVE FREE MEALS. It is NOT NECESSARY to complete an application for free or reduced price meals for any of the children listed above. If your child brings home an application, do not fill it out or return it to the school.

If you have children who are not eligible for Food Stamps or Temporary Assistance, or if you feel that your child's name has been left out in error, you may then complete a Free and Reduced Price School Meals Family Application and return it to the school as soon as possible.

Please KEEP THIS LETTER for your records. Do not return it to the school.

If for some reason you do not want your child to receive free meals or if you have any questions, please contact your child's school immediately.

Sincerely,

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-6410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. CHILDREN IN SCHOOL			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	List Food Stamp (FS) or Temporary Assistance (TA) case # for each child (not a 16 digit EBT card #) and check appropriate box: FS <input type="checkbox"/> or TA <input type="checkbox"/> . Skip to Part 4 if you list a FS or a TA case #.
			0_0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0_0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0_0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0_0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			0_0 _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income. \$_____. (Write "0" if the child has no personal use income.) Skip to Part 4.

PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household) <small>Please attach an additional page if needed.</small>	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

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: X _____ Print name: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Phone Number: _____ Social Security #: _____ - _____ - _____ I do not have a Social Security #

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 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 Food Stamp Program, Temporary Assistance Program case number 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.

PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities: Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native Other

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

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 Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS SECTION. 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: _____

Food Stamps/Temporary Assistance: Eligibility: Free Reduced Denied Reason: _____ Date Withdrawn: _____

Temporarily Approved Free Temporarily Approved Until: _____ (allow no more than 45 calendar days) Until: _____ Until: _____

Determining Official's Signature: _____ Date Approved/Denied: _____

Confirming Official's Signature (For verification purposes only): _____ Date: _____

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or Temporary Assistance case number. Check the box next to the Food Stamp or Temporary Assistance case number indicating which type of assistance is received. A Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income. Write "0" if no personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

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

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.