



# SCHOOL MEALS INFORMATION PACKET

2015/2016

Please list all of your children on *ONE* application  
IF, YOUR CHILD WAS APPROVED FOR FREE OR REDUCED PRICED MEALS LAST YEAR HE OR SHE WILL START THE NEW SCHOOL YEAR UNDER THE SAME CLASSIFICATION UNTIL YOUR NEW APPLICATION HAS BEEN PROCESSED.

**YOU MUST COMPLETE A NEW APPLICATION EVERY YEAR AND BE APPROVED TO REMAIN ON THE FREE & REDUCED LUNCH PROGRAM.**

If, you have completed and returned an application and did not receive a confirmation letter from the Food Service office by October 1st. Please call 724-728-4020 for more information.

**NOTE: If you received a pre-approval letter in August you do not have to return an application**



JEFFREY A. FULLER, Ed.D.  
Superintendent

NORIE PLATE  
Business Manager



LORRAINE J. ROCCO  
School Board Secretary

724 / 775-7644  
724 / 775-5464  
FAX: 724 / 775-7434

1701 EIGHTH AVENUE  
FREEDOM, PENNSYLVANIA 15042

Dear Parent/Guardian:

Children need healthy meals to learn. **Freedom Area** offers healthy meals every school day. Breakfast costs **\$1.15**; lunch costs **\$2.40/ HighSchool,\$2.35 Middle, \$2.25 Elementary**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** 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: **Dawn Fronius, 1701 8<sup>th</sup> Ave, Freedom, PA 15042**. Families can also apply online for free or reduced school meals and other benefits at [www.compass.state.pa.us](http://www.compass.state.pa.us). Or on the district's website at [freedomareaschools.org](http://freedomareaschools.org)
2. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those 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.



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. **WHO CAN GET FREE/REDUCED 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. Your children can get free/reduced meals if your household's gross income is within the free/reduced limits on the Federal Income Eligibility Guidelines. The required Federal Eligibility Income Chart is included in this letter.
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.
5. **CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, head start or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **[Rita Kaplin, homeless liaison, migrant coordinator]** to see if they qualify.
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 at **724-728-4020** 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 by **September 26, 2014** unless the school told you that your child is eligible 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 or 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: **[Dr. Jeffrey Fuller, Superintendent, 724-775-5464].**
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 THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP and/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).

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 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

Sincerely,

Dawn Fronius, Food Service Director

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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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil rights program complaint of discrimination, complete the USDA Program Discrimination complaint form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing 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.

# 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 (including adults) 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:** Complete this part if you choose.

### **IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, HEAD START 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, head start or a runaway, call [ Rita Kaplin at 724-775-7400].
- Part 3:** In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling Hom. for homeless; Mig. for migrant; or Run for a runaway. List what school they attend and their grade. Enter HS as the grade for Head Start children. 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:** Complete this part 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 Fos. 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:** Complete this part if you choose.

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

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 Fos. 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. Enter HS as the grade for Head Start children. 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, 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:** Complete this part if you choose.

# 2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS/SPECIAL MILK PROGRAM 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** to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: \_\_\_\_\_ CASE NUMBER:   -

**PART 2.** IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN **PART 3.** CALL [your school's homeless liaison, migrant coordinator at phone #] 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 (Write N/A for any household members not in school)	Child's Grade (Enter HS for Head Start)	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; A = Annual</i>												Check if NO income																								
					Earnings From Work Before Deductions			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits			All Other Income																											
	Fos.	Hom.			\$				W	E	\$				W	E	\$				W	E	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>				
	Mig.	Run.			\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>	
	Fos.	Hom.			\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	<input type="checkbox"/>
	Mig.	Run.			\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>	
	Fos.	Hom.			\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	<input type="checkbox"/>
	Mig.	Run.			\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>	
	Fos.	Hom.			\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	<input type="checkbox"/>
	Mig.	Run.			\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>	
	Fos.	Hom.			\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	\$				W	E	<input type="checkbox"/>
	Mig.	Run.			\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	\$				T	M	A	<input type="checkbox"/>	

**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:

Phone Number:    -    -     Last four digits of Social Security Number: \* \* \* - \* \* -      I do not have a Social Security Number

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

Choose one ethnicity:  
 Hispanic/Latino    Not Hispanic/Latino   
 Choose one or more (regardless of ethnicity):  
 Asian    American Indian or Alaska Native    Black or African American    White    Native Hawaiian or Other

**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: \_\_\_\_\_

Eligibility:  Free    Reduced    Denied Reason: \_\_\_\_\_;  Categorically Eligible;  Other Source Categorically Eligible;   Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- 
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Title 1]**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Standard Achievement Test]**.
  - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[Head Start]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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For more information, you may call **Dawn Fronius** at **724-728-4020** or e-mail at **[dfronius@freedom.k12.pa.us](mailto:dfronius@freedom.k12.pa.us)**.

Return this form to: **1701 8<sup>th</sup> Ave, Freedom, Pa 15042** by **September 30, 2014**

Student Meal Account Balances

Each year, students forget, lose, and misuse their lunch tickets and money. For this reason, the Board adopts this policy to govern situations when students do not have lunch money or when their lunch accounts have insufficient funds.

For purposes of this policy, the term **ticket** means all forms of exchange, including daily, weekly or monthly paper tickets, money, cards, coins or tokens.

The Board shall permit students to incur reasonable charges for replacement lunch tickets or special meal arrangements, and parents/guardians shall be contacted for payment.

Reasonable charges shall not exceed ten dollars (\$10.00) per student for each school year.

Unpaid lunch charges for a student shall result in the school withholding the final report card until the charges are paid in full.

The district shall inform students and parents/guardians in writing of the district's policy regarding missing lunch tickets and the students' responsibility for their tickets. The notice shall be provided to all households at the time they begin participating in the lunch program.

Meals shall always be provided to students in pre-K, kindergarten, first, second and third grades and to disabled students who may be unable to take full responsibility for a lunch ticket.

Alternative methods of paying may be developed for students in pre-K, kindergarten, first, second and third grades and for disabled students unable to take full responsibility for a lunch ticket.

An alternate meal will always be provided to students in elementary grades (K-6).

Allowing charges to continuously accumulate can lead to financial losses to the school food service program and is unfair to the households that do pay for their meals. If unpaid charges become excessive, or the parent/legal guardian refuses to pay after being contacted, the district reserves the right to take steps deemed necessary to collect charges owed and to prevent further loss to the food service program. These actions could include provision of an alternative meal, initiating collection proceedings, notifying the social service agencies of child neglect and/or revocation of the household's meal charging privileges.