

**2014-2015 LETTER TO HOUSEHOLDS**

Dear Parent/Guardian:

Children need healthy meals to learn. Lee County Public Schools offers healthy meals every school day. Student breakfast costs **\$1.00 for Elementary and Middle Schools and \$1.20 for High schools** and lunch costs **\$1.80 for Elementary and Middle Schools and \$2.10 for High schools**. Your children may qualify for free meals or for reduced price meals. Reduced price breakfast costs **\$.30** and lunch costs **\$.40**. All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact Connie Daugherty at (276) 346-2107 for further information.

Children who are members of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court are eligible for free meals regardless of the income of the household with whom they reside. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.**

**HOW TO APPLY**

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by August 30, 2014, you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member must sign the application and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.**

**If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an**

application is not required. Contact (*approving official*) at (*phone number*) for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact (*homeless liaison*) at (*phone number*) for more information.

<b>INCOME CHART</b>			
<b>For Free or Reduced Price Meals</b>			
Effective July 1, 2014 to June 30, 2015			
Household Size	Annual	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
For Each Additional Family Member Add	\$7,511	\$626	\$145

**An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.**

COMPLETE ONE APPLICATION PER HOUSEHOLD

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

Table with columns: LAST NAME, FIRST NAME, MLL, GRADE, SCHOOL, STUDENT ID# (optional), FOSTER CHILD\*\*

\*\* If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: SNAP or TANF Case Number (Do not use its digit EBT card number):

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator.

Complete Parts 1, 4, 5, 6, and 7.

Part 4. ALL OTHER HOUSEHOLDS: List all household members, include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

Table for household members with columns: Names of all Household Members, Check if No Income, Job 1, Job 2, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income, Self-Owned Business or Farm, Child Support, Alimony, Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments, Pensions, Retirement, Social Security, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security, Disability Benefits, Cash from Savings, Interest/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Rental Income, Any Other Income, All Other Income.

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

Racial identities: Choose one or more of the following racial identities (in addition to ethnicity):

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS.

Part 6b. OTHERS: Your permission is required for the school to use this information for other benefits. YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 8. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 9. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 10. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 11. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 12. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 13. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Part 14. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box. If they do not have one, before the application can be approved (see Privacy Act Statement on back).

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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.