

JEFFERSON COUNTY PUBLIC SCHOOLS

6644207346

HOUSEHOLD APPLICATION FOR FREE and REDUCED-PRICE MEALS 2011-2012

For help (call 485-3681), For an application (call 495-7080) **NEW Applications Required** Every Year.

PLEASE PRINT NEATLY

PLEASE USE BLUE OR BLACK INK

Part 1 - Student Information - Use an additional application if more than ten (10) Students

Print the name of EACH STUDENT ENROLLED First Name MI Last Name	Date of Birth (Optional) mm/dd/yy	Grade	School Name	K-TAP or SNAP (Food Stamp) Case Number <small>Only List Names (No Income) in (Part 2) if you enter a Case Number</small>										If applying for homeless, migrant, or runaway check the appropriate box. Your Homeless Liaison may be contacted.			Foster Child	FOR FOSTER CHILD ONLY							
				ENTER K-TAP/ SNAP NUMBER					CHECK ONE					RUNAWAY	MIGRANT	HOMELESS		Child's Personal Use Income							
	/ /																<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	/ /																<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
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	/ /																<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				
	/ /																<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$				

Part 2. Household Members and Income

GROSS INCOME BEFORE DEDUCTIONS AND HOW OFTEN YOU RECEIVE IT (PAY PERIOD)

Name (List everyone in Household including Students listed above)	Check if NO Income	EXAMPLE: \$50/ Weekly (W) \$200/ every 2 weeks (B) \$250/ Monthly (M) \$100/ Twice a month (T) \$25,000/ Yearly (Y)																			
		Earnings from Work before deductions				Welfare, Child Support, Alimony				Payments from Pensions, Retirement, Social Security				Earnings from Job 2 or any other Monthly Income							
		PAY PERIOD		PAY PERIOD		PAY PERIOD		PAY PERIOD													
1) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
2) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
3) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
4) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
5) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
6) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
7) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
8) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
9) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
10) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
11) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/
12) _____	<input type="checkbox"/>	\$				/	\$				/	\$				/	\$				/

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HOUSEHOLD APPLICATION FOR FREE and REDUCED-PRICE MEALS 2011-2012

Part 3 - 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 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 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 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed first name of adult household member	Printed last name of adult household member	Household Size	Mailing Address	Apt. #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I do not have a Social Security Number	
Signature of adult household member	Social Security Number	Date		

Part 4 - Medicaid or K-CHIP Benefits ----- This section does not need to be completed to receive free or reduced price meals

We may share your information with medicaid or the Kentucky Children's Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line below.

No

 Signature of parent or guardian

_____ Date

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): **Race:** White Black or African American Native Hawaiian or Pacific Islander Asian American Indian or Alaskan Native

PRIVACY ACT STATEMENT: 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 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."

YEARLY INCOME CONVERSION

To determine annual income: **Weekly Income X 52** **Twice a Month X 24** **Every 2 Weeks X 26** **Monthly Income X 12**

FOR SCHOOL FOOD AUTHORITY USE ONLY - DO NOT WRITE BELOW THIS LINE

ELIGIBILITY INFORMATION

APPLICATION TYPE Total Household Size: Total Income: \$ Weekly Every2Weeks TwiceAMonth Monthly Yearly

ELIGIBILITY DETERMINATION:

Approval Status: Free Reduced Denied SNAP* / KTAP FosterCare **Reason for Denial:** Income too high Other Reason _____

Temporary (Exp Date): - - **SNAP*: Supplemental Nutrition Assistance Program, formerly Food Stamps**

Determining Official: _____ **Approval Date:** _____ **Verifying Official:** _____ **Verifying Date:** _____

Temporary Approval Dates: _____

Temporary Expiration Dates: _____

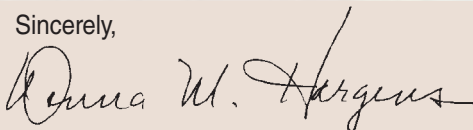
Temporary Determining Official: _____

Dear Parent/Guardian:

Children need healthy meals to learn. Jefferson County Public Schools (JCPS) offers healthy meals every school day. Breakfast costs **\$1.75 (elementary)** and **\$1.85 (middle and high)**; lunch costs **\$2.30 (elementary)** and **\$2.40 (middle and high)**. Your children may qualify for free meals or for reduced-price meals. The reduced price is **\$.30** for breakfast and **\$.40** for lunch.

- Do I need to fill out an application for each child?** No, complete one Free and Reduced-Price 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:
School and Community Nutrition Services
Jefferson County Public Schools
3001 Crittenden Drive
Louisville, KY 40209
For your convenience, a postage-paid, self-addressed envelope is enclosed. You may call (502) **485-3681** with any questions.
- Who can get free meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (K-TAP), and the Food Distribution Program on Indian reservations can get free meals regardless of 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.
- Can foster children get free meals?** Yes, foster children who 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.
- Can homeless, runaway, and migrant children get free meals?** Yes, children who meet the definition of *homeless*, *runaway*, or *migrant* qualify for free meals. If you haven't been told your children will get free meals, please call the **JCPS Homeless Education Office**, (502) **485-3650**, to see if they qualify.
- 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 federal Income Eligibility Guidelines chart included in this information.
- Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please carefully read the letter you got, and follow the instructions. Call the **JCPS Nutrition Services Office** at (502) **485-3681** if you have questions.
- 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 you receive a notification letter stating that your child is eligible for the new school year.
- 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.
- Will the information I give be checked?** Yes, and we may also ask you to send written proof.
- 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/guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
- What if I disagree with the district's decision about my application?** You should talk to someone in the JCPS Nutrition Services Office. You also may ask for a hearing by calling or writing to: **Application Review Committee, School and Community Nutrition Services, 3001 Crittenden Drive, Room 133, Louisville, KY 40209**. The phone number is (502) **485-3681**.
- 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.
- Whom 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 whom you do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
- What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month but you missed some work last month and only made \$900, put down that you made \$1,000 a 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.
- 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.
- My spouse is deployed to a combat zone. Is combat pay counted as income?** No, if the combat pay is received in addition to his or her basic pay because of his or her deployment and it wasn't received before he or she was deployed, combat pay is not counted as income. Contact the **JCPS Nutrition Services Office** at (502) **485-3681** for more information.
- 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 at (502) **595-4732** or call **1-800-372-2973**.

Sincerely,



Donna M. Hargens, Ed.D.
JCPS Superintendent
August 1, 2011

If you have other questions or need help, call (502) **485-3681**.

Si necesita ayuda, por favor llame al teléfono: (502) 485-3681.

Si vous voudriez d'aide, contactez nous au numero: (502) 485-3681.

You will be notified by mail when your application is approved or denied.

www.jcpsky.net

Equal Opportunity/Affirmative Action Employer Offering Equal Educational Opportunities