

NATIONAL SCHOOL FOOD PROGRAMS

Dear Parent or Guardian:

School Year 2011 -2012

Children need healthy meals to learn. The Office of SchoolFood offers healthy meals every school day. Breakfast is at no charge to all students, lunch costs \$1.50. Children from households that meet Federal Income Guidelines (on reverse side) are eligible for free meals or reduced-price meals. Reduced-price meals cost each eligible student \$.25 for lunch. To apply for free or reduced-price meals, submit a **SNAP - Supplemental Nutrition Assistance Program (food stamp) letter, or apply online at www.ApplyForLunch.com or www.nyc.gov/accessnyc, or complete the enclosed application for all your children attending the same school**, sign and return it to your children's school as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information.

THE FOLLOWING INFORMATION WILL HELP YOU:

1. **Do I need to fill out an application for each child?** Yes. If your children attend different schools. However only one application is needed for all children attending the same school.
2. **Who can get free meals?** Children in households getting SNAP (food stamp) or TANF 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 contact your school or the Students in Temporary Housing (STH) Coordinator to see if your child/children qualify, if you have not been informed that they will get free meals.
4. **Who can get reduced-price meals?** Your child/children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart, shown on this application.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced-price meals?** Please read the letter you received carefully and follow the instructions. Call your child's/children's school if you have questions.
6. **I get W.I.C. Can my child/children get free meals?** Children in households participating in W.I.C. Programs may be eligible for free or reduced-price meals. Please fill out an application.
7. **Will the information I give be checked?** The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing if you have been selected for Verification. School officials may ask you to send supporting documents showing that your child/children should receive free or reduce price meals at the time you applied.
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 SNAP (food stamp), TANF or other benefits. If you lose your job, your child/children 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 first. If you are not satisfied with the response you may ask for a hearing by calling or writing to the Chief Executive, Office of School Support Services, 44-36 Vernon Blvd., Long Island City, New York 11101, (718) 707-4300.
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child/children do not have to be U.S. citizens 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) in Part 4. You must include yourself and all other 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 \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

The school district may ask you at any time during the school year to verify the information you have stated on the application. If you do not give this information, your child will not be allowed to continue to receive free or reduced-price meals. School officials use the information on the application to determine if your child should get free or reduced-price meals. Free and reduced-price data may be used to determine eligibility for Title I and the National Assessment of Educational Progress and shared with other National School Lunch Program authorized agencies.

Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability restricts their diet in such a way that they cannot fully participate in the food service program without some modification to the foods offered or the scheduled menu. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, contact the Chief Executive, Office of School Support Services, as there is specific information that the medical certification must contain.

If you have questions or need help completing this application, please contact the principal of your child's school for assistance.

Sincerely,

Office of SchoolFood



APPLY ONLINE

BEGINNING AUGUST 15, 2011

To complete the **online application** go to

<http://nyc.ApplyForLunch.com>

or

www.nyc.gov/accessnyc

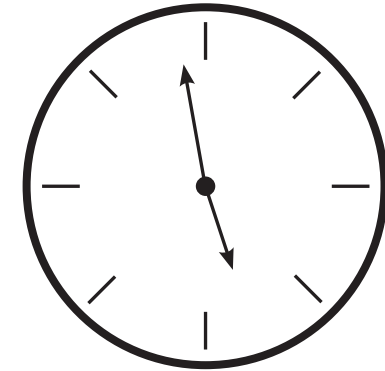
- Use any computer at home, at the library or your smart phone that has internet connection
- Apply for ***all*** children, living in the household at the same time ***even if they attend different schools***
- Create a username and password
- Enter your SNAP (food stamp) or TANF Case Number; ***OR***
- Enter your total household income, family size and ***last 4 numbers of your SSN***
- Sign application electronically. Click ***“Submit”*** and get confirmation immediately!



YOU CAN ALSO FILL OUT THE PAPER APPLICATION!

- Apply for ***all*** children living in the household ***attending the same school*** using ***one*** form
 - If you are receiving SNAP (food stamp) or TANF assistance submit the letter you received from the agency ***or*** just fill In PART 2 with your Case Number. Sign and date the application and submit to your child's school
- OR**
- In PART 3, write everyone living in your household, all money they receive and how often. ***Write only the last 4 numbers of your SSN***
 - Sign and date application and submit to your child's school

APPLY ON TIME



DO NOT DELAY! APPLY TODAY!

- If you qualify for free meals you can save up to \$250 each year. ***If you delay you will have to pay!***
- Your child school needs this information to get federal and state funds for books, supplies, after-school programs, etc
- **Apply Online!** Online applications are processed within 24 hours! Go to <http://nyc.ApplyForLunch.com> or www.nyc.gov/accessnyc
- Complete the paper application and return to your child's school immediately
- Need assistance or have questions? Contact the SchoolFood Help Desk. Call (877) 363-6325 or send email to foodcompliance@schools.nyc.gov
- Go to the SchoolFood website for more info <https://schools.nyc.gov/schoolfood>

PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE ALL REQUIRED AREAS

APPLY ONLINE: www.ApplyForLunch.com or www.nyc.gov/accessnyc

NEED ASSISTANCE OR HAVE QUESTIONS ABOUT THE APPLICATION CONTACT THE OFFICE OF SCHOOLFOOD HELP DESK

CALL: (877) 363-6325 • EMAIL: foodcompliance@schools.nyc.gov

1. You must **fill out the paper application in English** and in **black ink only**.
2. Complete **only one** application for all children in the household attending the same school.
3. If you have received a letter from the NYC Department of Education, NYS Office of Temporary and Disability Assistance (OTADA) or NYC SNAP (food stamp) Office stating that your child is eligible for free meals, you do not need to complete this application. You must send the letter to your child's school immediately.
4. If you enter '**X**' in the box in the section "**I do not qualify for free or reduced price meals**" you must complete **PART 3** with your child's name. Go to **PART 5** to sign and date the application and then submit to your child's school immediately.
5. You can now include all foster children living in the household on the same application that are attending the same school.

PART 1: COMPLETE THIS SECTION IF YOU DO NOT QUALIFY FOR FREE OR REDUCE-PRICE MEALS.

Many households do not qualify for free or reduced price meals if they earn over a given amount. If you believe your household does not qualify do the following:-

1. Enter '**X**' in the box "**I Do Not Qualify for Free or Reduced-Price meals**" if your income does not qualify you for free or reduced-price meals.
2. For each child attending this school, write their full legal names including **First name, Middle Initial and Last name. (Date of birth, gender, grade and Student ID (OSIS) number are OPTIONAL)**. Go to **PART 5** to sign and date form. Submit the application to your child's school immediately.

PART 2: COMPLETE THIS SECTION IF YOUR HOUSEHOLD IS RECEIVING SNAP (FOOD STAMP) OR TANF BENEFITS.

1. Submit the letter you received for each child from the NYS Office of Temporary and Disability Assistance (OTADA) or from any NYC SNAP - Supplemental Nutrition Assistance Program (food stamp) Office to your child's school; **or**
2. Write the SNAP (food stamp) or TANF case number in the boxes provided in this section. The case number can be found on the benefit letter – do not write your card number or the amount of income received.
3. **SKIP PART 4**, then sign and date application in **PART 5**. Submit the application to your child's school immediately.

PART 3: FOLLOW THESE INSTRUCTIONS IF YOU HAVE CHILD(REN) [INCLUDING FOSTER CHILD(REN)] IN THE HOUSEHOLD ATTENDING THE SAME SCHOOL.

1. For each child attending this school, write their full legal names including **First name, Middle Initial and Last name. (Date of birth, gender, grade and Student ID (OSIS) number are OPTIONAL)**
2. Enter '**X**' next to the students name if student is a foster child. Write any personal use income received in the boxes provided. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets such as money from his/her family, or money from the child's employment. If the child is not receiving any personal use income write "**0**").
3. After completing **PART 3**, go to **PART 4**, to add other members in your household and their income.
4. COMPLETE A **SEPARATE APPLICATION** FOR CHILDREN ATTENDING **DIFFERENT SCHOOLS**.

PART 4: FOLLOW THESE INSTRUCTIONS IF YOU ARE NOT RECEIVING SNAP (food stamp) OR TANF BENEFITS.

1. Write the first and last names of everyone living in household including children attending other schools. Do not write names listed in **PART 3**. Use another application to list additional names and submit both applications.
2. Write the current income (job, child support, alimony, pension, S.S.I., etc) received before deductions for everyone listed in this section. You must write how often this money is received using these letters: (**W**) = **Weekly**, (**B**) = **Bi-weekly/every 2 weeks**, (**T**) = **Twice per month**, (**M**) = **monthly or** (**Y**) = **Yearly**. Examples: **\$100.29/W, \$100.29/B; 1029.50/T; \$1290.75/M; 12900.59/Y**. If you do not write how often income is received, it will be processed as weekly .
3. Write the last 4 numbers of your Social Security Number then sign and date the application in **PART 5**. Submit the application to your child's school immediately.

PART 5: FOLLOW THESE INSTRUCTIONS TO COMPLETE ADULT HOUSEHOLD MEMBER SIGNATURE AND SOCIAL SECURITY NUMBER.

1. An adult household member 21 years and older **MUST** sign and date the application before it can be approved.
2. If **PART 4** is completed, the adult who signs the application must provide the last four numbers of his or her social security number **OR, ONLY** if the adult household member **DOES NOT HAVE** a Social Security Number - Enter '**X**' in the box.
3. Write your current address, phone number and best time to call you if there are questions. Write the date the application is completed. Submit the application to your child's school immediately.

COMPLETE FORM IN ENGLISH

USE **BLACK INK** ONLY TO COMPLETE THE ENTIRE FORM.

USE SAMPLE AND INSTRUCTIONS TO COMPLETE ONLY THE AREAS THAT APPLY TO YOUR HOUSEHOLD

PART 1 - I DO NOT QUALIFY FOR FREE OR REDUCED-PRICE MEALS: Enter 'X' in the box if your income does not qualify you for free or reduced-price meals. Complete **PART 3**, then sign and date application in **PART 5**.

PART 2 - SNAP (food stamp) /TANF CASE NUMBER: Write your SNAP (Food Stamp) or TANF case number from your benefit letter – do not write the card number or income received. Complete **PART 3**, then sign and date application in **PART 5**.

PART 3 - CHILDREN ATTENDING THIS SCHOOL: For each child attending this school, write the legal name, date of birth, gender and grade.

CHILDREN ATTENDING THIS SCHOOL: Enter 'X' - if student is a Foster child and write any personal use income received

PART 4 - OTHER MEMBERS LIVING IN HOUSEHOLD: Write first and last names of everyone living in household including children attending other schools. Do not write names listed in **PART 3**.

TOTAL HOUSEHOLD MEMBERS: Add the names listed in **PART 3** and **PART 4** and write the total in this box. The total household members written must equal the total number of persons living in the household.

PART 5 - SIGNATURE & DATE: An adult household member 21 years or older must sign & date the application before it can be approved. An emancipated child must sign & date his or her own application.

SOCIAL SECURITY NUMBER: If you have completed **PART 4** you must write the last 4 numbers of the adult household member's Social Security Number or If you **DO NOT HAVE** a SSN - Enter 'X' in the box

New York City Department of Education
2011-2012 Application for Free and Reduced-Price Meals

F O R O D D

COMPLETE ONE APPLICATION FOR ALL CHILDREN ATTENDING THE SAME SCHOOL. RETURN APPLICATION TO YOUR CHILD'S SCHOOL.

PART 1 I DO NOT QUALIFY FOR FREE OR REDUCED-PRICE MEALS. Complete PART 3 with student information, and go to PART 5 to sign and date form. Return to school.

PART 2 WRITE YOUR SNAP (food stamp) or TANF CASE NUMBER HERE → **1 2 3 4 5 6 7 8 9 A**
The case number is on your benefit letter (Go to PART 3 then PART 5 to sign & date form)

WRITE ONLY THE NAMES OF THE CHILDREN ATTENDING THIS SCHOOL

PART 3	*BIRTH DATE			PRINT LEGAL NAME OF STUDENTS ATTENDING THIS SCHOOL (OPTIONAL INFORMATION)				*GENDER		ENTER 'X' - IF STUDENT IS A FOSTER CHILD: Write any personal use income received		*GRADE		*OSIS # (Student ID Number)	
	MM	DD	YY	FIRST NAME	MI	LAST NAME			FOSTER CHILD	PERSONAL USE INCOME					
1	01	02	03	First		Student				\$			M	03	012345678
2	02	03	94	Second		Student			X	\$ 275.30			M	12	012345678
3	03	24	00	Third		Student				\$			M	06	012345678
4	11	03	02	Fourth		Student				\$			M	02	012345678

WRITE ALL CURRENT INCOME AND PAY PERIOD FOR ALL HOUSEHOLD MEMBERS
Current income is ALL monies received and how often from ALL sources. If how often is not written, the income reported will be processed as received WEEKLY. Use these letters to indicate how often income is received. → W=WEEKLY; B=BI-WEEKLY; M=MONTHLY; T=TWICE A MONTH; Y=YEARLY

PART 4	DO NOT WRITE NAMES LISTED IN PART 3	GROSS EARNINGS FROM WORK (BEFORE DEDUCTIONS): ALL JOBS	How Often?	CHILD SUPPORT/ALIMONY PAYMENTS	How Often?	PAY FROM PENSION, RETIREMENT /SOCIAL SECURITY	How Often?	ANY OTHER INCOME	How Often?
1	Adult 1	\$ 2,550.45	Y	\$ 775.30	M	\$		\$	
2	Adult 2	\$ 275.30	W	\$		\$		\$	
3	Brother / Sister 1	\$ 400.00	T	\$ 0.00		\$		\$	
4	Brother / Sister 2	\$ 0.00		\$		\$		\$ 0.00	
5	Additional Person(s)	\$		\$		\$ 695.00	M	\$	
6		\$		\$		\$		\$	
7		\$		\$		\$		\$	

TOTAL NUMBER IN HOUSEHOLD → **09**

SOCIAL SECURITY NUMBER AND SIGNATURE REQUIRED → An ADULT HOUSEHOLD MEMBER OVER 21 YEARS OF AGE MUST PROVIDE THE LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER [SSN], SIGN AND DATE FORM PRIOR TO PROCESSING AND APPROVAL. I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds, the school officials may verify the information, and deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws and my children may lose meal benefits.

Signature: *Adult Household Member*
Signature of ADULT HOUSEHOLD MEMBER completing form

Date: 09/08/11
Enter Today's Date

SSN: 6 7 8 9
ADULT HOUSEHOLD MEMBER Write last 4 numbers of SSN

Address: 100 Name Street, Apt # A1, Borough City 11111

Phone: 718 565-1234 (Home Phone), 718 566-9000 (Daytime Phone), 347 567-5678 (Cell Phone)

Best Time To Call: 8 am - 11 am, 11 am - 2 pm, 2 pm - 5 pm, 5 pm - 8 pm

SCHOOLS MUST COMPLETE THIS SECTION IF NOT DONE BY HOUSEHOLD:
Write school name, number, and borough where school is located:
M = Manhattan
BX = Bronx
Q = Queens
BK = Brooklyn
SI = Staten Island
Also enter the child's grade and OSIS number

PART 4 - INCOME AND PAY PERIOD: Write the current income (job, child support, alimony, pension, S.S.I., etc) received for everyone listed in this section. You must write how often this money is received using these letters:
W = Weekly
B = Bi-weekly/ every 2 weeks
T = Twice a Month
M = Monthly
Y = Yearly/Annual
If you do not write how often income is received, it will be processed as weekly.

ADDRESS AND PHONE NUMBER: Write your current address and phone numbers where you can be reached if necessary. Enter 'X' in the box to tell us the best time to call.

APPLICATIONS RECEIVED WITHOUT ADULT HOUSEHOLD MEMBERS SIGNATURES WILL NOT BE PROCESSED.
YOUR CHILD'S MEAL STATUS WILL BE AFFECTED IF REQUIRED INFORMATION IS MISSING.

FOR ASSISTANCE OR QUESTIONS ON COMPLETING THIS APPLICATION PLEASE CONTACT THE OFFICE OF SCHOOLFOOD HELP DESK:
CALL: (877) 363-6325 • E-MAIL: foodcompliance@schools.nyc.gov