

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act (NSLA) requires that unless your children's SNAP (food stamp), TANF or FDIPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP (food stamp) or welfare office to determine current certification for receipt of SNAP (food stamp) or other benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Nondiscrimination Statement: 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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time. You will be notified when the application is approved or denied. However, if benefits to a household have been terminated and the household reapplies in the same school year the household is required to submit income documentation or proof of participation in SNAP (food stamp), FDIPIR or TANF at the time of reapplication. These are not considered new applications.

Confidentiality: The United States Department of Agriculture has approved the release of students' names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced-price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA. The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

NOTICE TO HOUSEHOLDS:

Need assistance or have questions
about the application
Contact Schoolfood Help Desk
Call: (877) 363-6325
Email: foodcompliance@schools.nyc.gov

INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS**					
Number in Household	Yearly Income Not More Than	Monthly Income Not More Than	Twice per Month Income Not More Than	Every Two Weeks Income Not More Than	Weekly Income Not More Than
1	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each add'l family member, ADD:					
+	7,067	589	295	272	136

HOUSEHOLD INCOME TO REPORT	
Earnings from work before deductions. Include all jobs.	Wages, salaries, tips, commissions, net income from self-owned business and farms, strike benefits, unemployment compensation, and worker's compensation.
Pensions/ Retirement Income / Social Security	Pensions, retirement income, social security, supplemental security income, and veterans' payments.
Any other income	Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for your child's meals.

HOUSEHOLDS DO NOT WRITE BELOW THIS LINE -- FOR SCHOOL USE ONLY

EFFECTIVE DATE: JULY 01, 2011 TO JUNE 30, 2012
**SCHOOLS MUST NOT USE THE ABOVE SCALE TO PROCESS APPLICATIONS RECEIVED FROM HOUSEHOLDS

ANNUAL INCOME CONVERSION RECOMMENDED (OFFICIAL SHOULD ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATION)

WEEKLY: MULTIPLY BY 52; EVERY TWO WEEKS: MULTIPLY BY 26; TWICE A MONTH: MULTIPLY BY 24; MONTHLY: MULTIPLY BY 12

Application APPROVED for: FREE MEALS REDUCED-PRICE MEALS

SNAP (food stamp)/TANF Foster Child

INCOME HOUSEHOLD: Total Household Income/Frequency: \$ _____ • ____/____ Household Size: ____

Temporary Free (expires in 45 calendar days). Indicate each renewal date when household is contacted:

1. ____/____/____. 2. ____/____/____. 3. ____/____/____. 4. ____/____/____.

Application DENIED for Free or Reduced-Price Meals.

Reason for Denial: Incomplete Application Income Too High/Do Not Qualify box is checked

Child will not participate in program

Indicate Date Eligibility Notification Letter Sent to Household: ____/____/____

I certify that all information reported on this form is true and the eligibility determination made is based on the information provided by the household. I understand that school officials may verify the information and the procedures for certifying this application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws, and the school may lose meal and monetary benefits. I understand that the school principal has the ultimate responsibility for all forms filed by the household and certified at the school and at any given time may review forms for accuracy and integrity and monitor the procedures used for certification.

Name of School Reviewing Official (PRINT): _____

Signature _____ Date Certified: ____/____/____