

Dear Parent or Guardian:

Children need healthy meals to learn. The Office of School Food offers healthy meals every school day. Breakfast is at no charge for 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 Direct Certification letter from NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it, and return it to your child'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? No. Complete the application to apply for free or reduced price meals. Complete only one application per household for all students attending the same school.
2. Who can get free meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines. Each foster child must be listed on a separate application, with Part 2 completed and include an adult signature.
3. Can homeless, runaway and migrant children get free meals? Please contact your school or the Coordinator of Students in Temporary Housing to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
4. Who can get reduced price meals? Your child(ren) 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(ren) school if you have questions.
6. 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.
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 papers showing that your child 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 Food Stamps, TANF or other benefits. If you lose your job, your 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. You also 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(ren) do not have to be a U.S. citizen 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 relative, 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.

Your child may qualify for free or low cost health insurance through a program called Child Health Plus. Child Health Plus pays for children's health care and dental needs and is available to children under the age of 19, regardless of family's income or their immigration status - even if they are undocumented. Please complete Part 6 and you will be contacted if you are qualified to receive these benefits.

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

Sincerely,

Joel I. Klein
Chancellor

Nondiscrimination 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 to USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW Washington DC 20250-9410 or call (800) 795-3272 (voice) and (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps

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 and application at that time. You will be notified when the application is approved or denied.

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

INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS**

2006-2007 STUDENT MEAL AND MILK PRICES			
	BREAKFAST	LUNCH	MILK
REDUCED PRICE	\$ 0.00	\$ 0.25	\$ 0.25
FULL PRICE		\$ 1.50	

Number in Household	Yearly Income Not more than	Monthly Income Not More Than	Twice a Month Income Not more than	Every Two Weeks Income Not More Than	Weekly Income Not more than
1	\$ 18,130	\$ 1,511	\$ 756	\$ 698	\$ 349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196
For Each Additional Household Member ADD:					
+	\$ 6,290	\$ 525	\$ 263	\$ 242	\$ 121

*** Income Guidelines chart for free meals available in school office upon request

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/Retirements / 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 the child(ren)'s meals.

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

ANNUAL INCOME CONVERSION RECOMMENDED (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

FOOD STAMP, TANF or Foster Child (Circle One)

INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____

Application APPROVED for: FREE MEALS REDUCED PRICE MEALS

Temporary Free (expires in 45 calendar days). Indicate each renewal date:
 1. _____ / _____ / _____ 2. _____ / _____ / _____ 3. _____ / _____ / _____ 4. _____ / _____ / _____

Application DENIED. Date Notification Letter Sent: _____ / _____ / _____

Reason for Denial: Income Too High Incomplete Application

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.

Signature of Reviewing Official: _____

Date Certified: _____ / _____ / _____

HEALTH INSURANCE

Please do not remove this portion of the form. If parents have filled in this section please enter the information on the "Biographical Information" screen for the student in ATS. Parents will be contacted automatically and provided with information regarding affordable Health Insurance for their family.