

Dear Parent/Guardian:

- **Children need healthy meals to learn. Christ The King School offers healthy meals every school day.**
- **Lunch costs \$ 2.75 and breakfast costs \$ N/A. Your children may qualify for free meals or for**
- **reduced price meals. Reduced price is \$.40 for lunch and \$ N/A for breakfast.**

1. Do I need to fill out an application for each child? No. To apply for free or reduced price meals, complete one Free and Reduced Price School 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: CTK School, c/o Linda Hopson, 3401 Tidewater Dr., Norfolk, VA 23509.phone: 625-4951 ext. 110

2. Who can get free or reduced price 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 or reduced price meals if your household income is within the limits on the enclosed income chart.

3. Can homeless, runaway and migrant children get free meals? Yes. Please call 625-4951 ext. 110 (homeless, runaway, migrant liaison/coordinator) to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. If 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.

5. Will the information I give be checked? Yes, we may ask you to send written proof of your income or food stamps/TANF.

6. 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 or TANF. If you lose your job, your children may be able to get free or reduced price meals.

7. What if I disagree with the school's decision about my application? You may talk to school officials. You also may ask for a hearing by calling or writing to: Mrs. Rachael Chatham, 3401 Tidewater Dr., Norfolk, VA 23509, phone: 625-4951

8. 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.

9. 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). You must include yourself and all children who live with you.

10. 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.

11. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call: 625-4951 ext. 110

Si necesita ayuda, por favor llame al teléfono: 625-4951 ext 110

Si vous voudriez d'aide, contactez nous au numero: 625-4951 ext. 110

Sincerely,

Linda M. Hopson
Cafeteria Manager

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.

Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the homeless, runaway, migrant liaison/coordinator at phone# _____ **Homeless Migrant Runaway**

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income
<i>(Example)</i> <i>Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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.

Sign here: X _____ Date _____ Print name: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

<u>Mark one or more racial identities:</u>		<u>Mark one ethnic identity:</u>
Asian	American Indian or Alaska Native	Hispanic or Latino
White	Native Hawaiian or Other Pacific Islander	Not Hispanic or Latino
Black or African American	Other	

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

FEDERAL INCOME CHART

For School Year 2009-2010

Household size	Yearly	Monthly
1	20,036	1,670
2	26,955	2,247
3	33,874	2,823
4	40,793	3,400
5	47,712	3,976
6	54,631	4,553
7	61,550	5,130
8	68,469	5,706
Each additional person:	6,919	577

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

If your child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make changes in the meal prescribed by the doctor. If a change is needed in the meal, there will be no extra charge. The school, however, is not required to make a change in the meal for a food allergy, unless the allergy meets the definition of a disability. Call the school for more information.

Privacy Act Statement: This explains how we will use the information you give us.

The 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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamps or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. 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 misuse of program rules.

Children's Health Insurance Program (CHIP). If your children do not have health insurance, you should know that many families getting free or reduced price meals can also get free or low-cost health insurance for their children. For more information on applying for health insurance for your children, residents of Virginia should contact their local County or City Department of Social Services. You can also call the national CHIP toll-free number at 1-877-543-7669.

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 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.