Christ The King Catholic School

3401 Tidewater Drive, Norfolk, VA 23509 (757) 625-4951

Dear Parent/Guardian:

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

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use 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: **Linda Hopson**, 3401 Tidewater Dr., Norfolk, VA 23509 or call 625-4951 EXT 110

2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **the Supplemental Nutrition Assistance Program (SNAP) or Virginia Temporary Assistance for Needy Families (VA TANF)** can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that 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.

4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children that 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 or e-mail: 625-4951 EXT 110, or lhopson@ctkparish.org to see if they qualify.

5. 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 Guidelines.

6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at **625-4951 EXT 110** if you have questions.

7. 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 the school told you that your child is eligible for the new school year.

8. 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.

9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, if you become unemployed, your income drops, or household size increases, you may become eligible.

11. 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: **Dr. Francine Gagne, 3401 Tidewater Dr., Norfolk, VA 23509, 625-4951, fgagne@ctkparish.org**

12. 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.

13. 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), who share income and expenses of the household. You must include yourself and all children living with you.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.

15. 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.

16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or VA TANF or other assistance benefits, contact your local assistance office or call **VA Hotline at 485-3384.**

18. **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.

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 Hopson
Cafeteria Manager

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP OR VA TANF,** FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) receiving **SNAP or VA TANF** benefits.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP or VA TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.
Part 2: Check the appropriate box if the child you are are applying for is homeless, migrant, or runaway, and call phone number listed.
Part 3: Skip this part.
Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: List the child's name and school.
Part 2: Skip this part.
Part 3: Check the box.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."
Part 2: Check the appropriate box, if any.
Part 3: Check box and list foster children, if any.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of Social Security Number (or mark the box if he/she does not have one).
Part 6: Answer if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	School Name for Each Child	**SNAP or VA TANF** case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME
			❑
			❑
			❑
			❑
			❑
			❑

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL **[YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #]** HOMELESS ❑ MIGRANT ❑ RUNAWAY ❑

PART 3. FOSTER CHILD If this application is for a child[ren] who is the legal responsibility of a welfare agency or court, list the child[ren] above and check this box ❑ Skip to Part 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	$199.99/weekly__	$149.99/every other week	$99.99/monthly___	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 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 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: _____Print name:_____

Date: _____

Address:_____Phone Number:_____

City:_____State:_____Zip Code:_____

Social Security Number (last four digits): * * * - * * - _ _ _ _ ❑ **I do not have a Social Security Number**

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)	
Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*
❑ Hispanic/Latino	❑ Asian ❑ American Indian or Alaska Native ❑ Black or African American
❑ Not Hispanic/Latino	❑ White ❑ Native Hawaiian or other Pacific Islander

DO NOT 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: _____ Verifying Official's Signature: _____ Date: _____

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

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 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.

NOTICE OF VERIFICATION

You must send the information we need, or contact Linda Hopson by , or your children will stop getting free or reduced price meals.

School: Christ The King Catholic School Date:

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that
Your child(ren): **is/are** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **SNAP or VA TANF** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **SNAP or VA TANF** Certification Notice that shows dates of certification.
- Letter from **SNAP or VA TANF** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **[SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR]** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD: Provide the name and contact information for a person at the agency or court who can verify that the child is the legal responsibility of the agency or court.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **SNAP OR VA TANF** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: Christ The King Catholic School. 3401 Tidewater Drive, Norfolk, VA 23509, c/o Linda Hopson**

ACCEPTABLE PAPERS INCLUDE:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **VA TANF** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing , and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **Linda Hopson** at **625-4951**. The call is free. **You may call me collect if you live long distance.** You may also e-mail me at **lhopson@ctkparish.org**

Sincerely,

Linda Hopson
Cafeteria Manager

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. 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.

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.

NOTICE OF VERIFICATION RESULTS

School: Christ The King Catholic School Date:

Dear _____:

We checked the information you sent us to prove that are eligible for free or reduced price meals and have decided that:

- ❑ Your child(ren)'s eligibility has not changed.
- ❑ Starting ,your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ❑ Starting , your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **$.40** for lunch and **N/A** for breakfast.
- ❑ Starting , **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
  - ___ Records show that no one in your household received **SNAP or VA TANF** benefits.
  - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
  - ___ Your income is over the limit for free or reduced price meals.
  - ___ You did not provide: _____
  - ___ You did not respond to our request.

Meals cost **$2.75** for lunch and **N/A** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **Linda Hopson** at 625-4951 EXT 110**]**. You also have the right to a fair hearing. If you request a hearing by , your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **Dr. Francine Gagne**, **3401 Tidewater Drive, Norfolk, VA 23509**, **625-4951, or fgagne@ctkparish.org**

Sincerely,

Linda Hopson
Cafeteria Manager

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NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren):

_____

_____

_____

Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at **$ .40 for lunch, N/A for breakfast, and N/A for snacks**
- ☐ Denied for the following reason(s):
  - ☐ Income over the allowable amount
  - ☐ Incomplete application because_____
  - ☐ Other_____

If you do not agree with the decision, you may discuss it with **Linda Hopson** at **625-4951 EXT 110** or at **lhopson@ctkparish.org**

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: Dr. Francine Gagne

ADDRESS: 3401 Tidewater Drive, Norfolk, VA 23509

PHONE NUMBER: 625-4951

E-MAIL: fgagne@ctkparish.org

Sincerely,

Linda Hopson
Cafeteria Manager

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NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches at school because they receive **SNAP or VA TANF.**

Name of Child	Name of School

Important: If there are other children in your household who attend school and are not listed above, they also qualify for free meals; please contact the person below.

If you *don't* want your children to have free meals or for any questions, also contact:

Linda Hopson

625-4951 EXT 110

lhopson@ctkparish.org

Sincerely,

Linda Hopson

Cafeteria Manager

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Reduced Price Chart for Lunch

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

FEDERAL INCOME CHART For School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136