

Troup County Board of Education
School Food & Nutrition Department
100 North Davis Road, Building A, LaGrange, GA 30241 Phone: 706-883-1588


New*** Middle and High Infinite Campus Users. Complete This Form Online at**
<https://campus.troup.org/campus/portal/troup.jsp>
Through the Infinite Campus Parent Portal

Dear Parent/Guardian:

Children need healthy meals to learn. Troup County School Nutrition Department offers healthy meals every school day. Breakfast is provided at no charge for students' grades PK-5 and \$1.25 for grades 6-12; lunch costs \$2.20 for grades PK-5 and \$2.45 for grades 6-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast grades 6-12 (free breakfast for grades PK-5) and \$.40 for lunch all grades.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *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 your child's school
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from SNAP or 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 Eligibility Guidelines.
3. **If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.**
4. **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.
5. **CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Michelle Nation, 706-812-7900 or Nationdm@troup.org to see if you qualify.
6. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get reduced price meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
7. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. Call 706-883-1588 if you have questions.
8. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
9. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
10. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
11. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
12. **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: John Radcliffe, Assistant Superintendent, 100 N. Davis Road, LaGrange, GA 30241 706-812-7900
13. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced price meals.
14. **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. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
15. **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. If you have lost a job or had your hours or wages reduced, use your current income.
16. **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.
17. **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 child's school for more information.
18. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-869-1150 extension 2.

Sincerely,


John Radcliffe
Assistant Superintendent

If you have other questions or need help, call 706-883-1588
Si necesita ayuda, por favor llame al teléfono, 706-883-1588
Si vous voudriez d'aide, contactez nous au numero : 706-883-1588

INSTRUCTIONS FOR APPLYING
A household member is any child or adult living with you.

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Through the Infinite Campus Parent Portal**

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

- Part 1:** List the name and case number for any household member (including adults) receiving **SNAP or TANF** benefits and **CIRCLE** which type program **SNAP or TANF**.
Part 2: List child(ren)'s name(s), grade, and school name.
Part 3: Skip this part.
Part 4: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.
Part 5: Answer this question if you choose.
 Turn the form in to your child's school.

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

- Part 1:** Skip this part.
Part 2: List the name of each household member. **Circle** the appropriate box for homeless, migrant, runaway, or in Head Start for each child as applicable and call Michelle Nation at 706-812-7900. Complete the application by following instructions for ALL OTHER HOUSEHOLDS.

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

- if all children in the household are foster children:**
Part 1: Skip this part.
Part 2: List names of ALL children in your household and **circle "Yes"** in the box for "Circle YES if Foster Child" only if they are all foster children.
Part 3: Skip this part.
Part 4: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.
Part 5: Answer this question if you choose.
 Turn the form in to your child's school.

IF SOME OF THE CHILDREN IN THE HOUSEHOLD ARE FOSTER CHILDREN:

- Part 1:** Skip this part.
Part 2: List the names of every person living in your household. **Circle "Yes"** in the box for "Circle YES if Foster Child" for each foster child. If any child you are applying for is homeless, migrant, a runaway, or in Head Start, **Circle** the appropriate box and if you have questions call your school. For any person, including children, with no income, you must circle the "\$0" in the No Income box
Part 3: See instructions for All Other Households and include GROSS INCOME for each household member.
Part 4: An adult household member must sign and date the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
Part 5: Answer this question if you choose.
 Turn the form in to your child's school.

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

- Part 1:** Skip this part.
Part 2: 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. Be sure to include all children. Attach another sheet of paper if needed. **Circle "Yes"** in the box for "Circle YES if Foster Child" if a child is a foster child. Enter the grade and school name for each child if applicable. **Circle** the appropriate box for **homeless, migrant, runaway, or in Head Start (if applicable)** and call Michelle Nation at 706-883-7900.
Part3: Gross Income and How Often It Was Received for each household member listed in Part 3:
 Next to each person's first and last name, list the amount of income received last month. Next to the amount, circle how often the person received it (weekly, every 2 weeks, twice a month, or monthly). All persons must claim some income or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 must be circled in the column labeled "**Circle if NO Income.**"
Earnings from Work: 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. List the amount and how often it was received.
Income received from welfare, child support, and alimony: List the amount each person received and how often it was received.
Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits): List the amount each person received and how often it was received.
All Other Income: List Worker's Compensation, disability benefits, unemployment or strike benefits, Department of Veterans Affairs (VA) benefits, regular contributions from people who do not live in your household, and any other income. **Do not include benefits from WIC, Federal education, and foster payments received by the family from the placing agency.**
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 4: An adult household member must sign and date the form.
Part 5 : Answer this question if you choose. Turn the form in to your child's school.

APPLICATION INSTRUCTIONS: Your child(ren) may qualify for free or reduced price school meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice Monthly	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$ 900	\$831	\$ 416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634		2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
*Each additional household member add:	+ 7,511	+ 626	+ 313	+ 289	+ 145

Part 1. If any member of your household receives SNAP or TANF, provide the name and case number for the person who receives benefits. EBT Card numbers and Medicaid numbers are NOT ACCEPTABLE case numbers. If a case number is provided, only students need to be listed in **Part 2**. Name: _____ **Circle** the Program Name **SNAP** or **TANF** Case Number: _____

Part 2. Household Names - List below **all** people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed. If any child is a foster child, homeless, migrant, a runaway, or in Head Start, circle the appropriate category and contact the school at _____.

Part 3. Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column "Circle if NO Income". If you listed a **SNAP** or **TANF** number in Part 2, skip to Part 4.

Names	Circle Yes if Foster Child	Circle if applicable		School Name/Grade (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
		Homeless	Migrant			weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	
Example: Jane Doe	Yes	Homeless	Migrant		\$0	\$600	weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
1	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
2	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
3	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
4	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
5	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
6	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
7	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	Every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly
8	Yes	Homeless	Migrant		\$0		weekly	every 2 weeks		weekly	every 2 weeks		weekly	Every 2 weeks
		Runaway	Head Start				twice a month	monthly		twice a month	monthly		twice a month	monthly

Part 4 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)

If income is listed in Part 2, the adult signing the form must also list the last four (4) digits of his or her Social Security Number **or** check the "I do not have a Social Security Number box". (See 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 child may lose meal benefits and I may be prosecuted. I understand my child's eligibility may be shared as allowed by law.

Sign Here: X _____ Printed Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX - XX - _____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____ County _____

Home/Cell Phone _____ Work Phone _____ Email Address: (By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.) _____

Part 5 – Child's Racial/Ethnic Identity (optional)

Choose One or More Racial Identities:

- American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander Other

Check One Ethnic Identity:

- Hispanic or Latino
 Neither Hispanic or Latino

Privacy Act Information:

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:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**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: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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