

STUDENT'S INFORMATION - List ALL students attending Volusia County Public Schools

contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

NOTE: You are responsible for payment of meals until your application is approved

Dear Parent/Guardian:

Children need healthy meals to learn. Volusia County Schools under the jurisdiction of the county school board participate in the National School Lunch Program. Some schools offer after school snacks at no cost. Check with your child(ren)'s school. Full priced breakfast cost \$1.00. Full priced lunch costs \$2.00 in elementary and middle schools, \$2.25 in high schools. Reduced price for breakfast is \$.30 and for lunch is \$.40. Eligibility determinations are valid for the entire school year.

1. Use one application for all students in your household. We cannot approve an incomplete application. Return the application to the elementary school your child(ren) attends. If you do not have a child (ren) in elementary school return the application to the middle or high school that your child attends.
- 2.All children in households receiving * SNAP or TANF can receive free meals regardless of income. Also if your household income is within the free limits on the Federal Income Guidelines; your children can receive free meals.
3. Foster child(ren) is eligible for free meals regardless of income or income of household. Foster child(ren) may be included as household member on the application of foster family. If foster family is not eligible foster child(ren) is still free.
4. Homeless, runaway and migrant children: If you have not been informed that your child(ren) qualify under these conditions, please contact the homeless liaison or migrant contact listed on the front of this application.
5. Your children can receive low cost meals if your household income is within the REDUCED PRICE limits on the Federal Chart shown on this application.
6. If you received a letter this school year saying your children are approved for free meals, please read the letter and follow the instructions.
7. This application is only good for this school year and for the first few days of the new school year. You must send in a new application unless the school informed you that your child is eligible for the new school year.
8. Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application.
9. We may ask you to send written proof of the information submitted on the application.
10. You may apply at any time during the school year if your circumstances change.
11. If you become unemployed your child(ren) may be eligible for free or reduced price meals.
12. If you do not agree with the decision you may request a hearing. Speak with Rosa Torres-Gonzalez, School Way Café, Deland, 386-734-7190 ext. 20540, Daytona Beach 386-255-6475 ext. 20540, New Smyrna 386-427-5223 ext. 20540. You also may ask for a hearing by calling or writing to: Joan Young, Director, School Way Café, School District of Volusia County, Post Office Box 2118, Deland, Florida 32721-2118, Deland 386-734-7190 ext. 20530, Daytona Beach 386-255-6475 ext. 20530, New Smyrna 386-427-5223 ext. 20530
13. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
14. You must include all persons 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 who live with you.
15. If your income is not always the same, list the income amount that you normally earn. For example, if you normally earn \$1000 each month, but you missed some work last month and only earned \$900, report your income as \$1000 per month. If you normally work overtime, include it in the income amount. If you only work overtime occasionally, do not include it. If you lost your job or had hours/wages reduced, use current income.
16. If you are in the military and 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 his/her combat pay counted as income? No, if the combat pay is received in addition to basic pay because of deployment and it wasn't received before he/she was deployed, combat pay is not counted as income.
18. To find out how to apply for SNAP (food stamps) or other assistance call 1-866-762-2237.

If you have any questions call Rosa Torres-Gonzalez: Deland, 386-734-7190 ext. 20540, Daytona Beach 386-255-6475 ext. 20540, New Smyrna 386-427-5223 ext. 20540.

Sincerely,

Margaret A. Smith, D. Ed., Superintendent
Volusia County Schools

Joan W. Young, Director
School Way Café

Parents, if your family qualifies for the free or reduced lunch program you may qualify for a “Step Up for Students” scholarship. To find out more go to www.StepUpForStudents.org/family. For additional information, email info@sufs.org or call 877-735-7837.

FEDERAL REDUCED INCOME CHART 2012-2013					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY
1	20,665	1,723	862	795	398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961

FEDERAL REDUCED INCOME CHART 2012-2013					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
for each add'l family member add	7,326	611	306	282	141

INSTRUCTIONS FOR APPLYING

If your household receives *SNAP (Supplemental Nutrition Assistance Program) OR TANF, follow these instructions:

Part 1: List student(s) name, date of birth and school. **Part 2:** List the name and SNAP/ TANF case # of any household member that receives SNAP or TANF (including adults) **Skip to Part 5:** Sign the form. The last 4 digits of the Social Security Number are not necessary. **Part 6:** Answer this question if you choose to.

Homeless, Migrant or Runaway

Part 3: Check the appropriate box and contact your school homeless liaison or migrant coordinator listed on the front of this application.

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

Part 1: If ALL students are foster, List student(s) name, date of birth and school, check the box indicating the child is foster. Skip to part 5 sign, the last 4 digits of a social security number is not needed. **Part 6:** Answer this question if you choose to.

If **SOME of the students listed are foster,** **Part 1:** List student(s) name, date of birth and school, check the box for students that are foster. If the student(s) has income enter the income and how often it is received or check the “no income” box if the student(s) does not receive income. **Skip to Part 4:** Follow instructions to report total household income. **Part 5:** An adult household member must sign the form and list his or her last 4 digits of the Social Security Number, or mark the box “ I do not have a social security number” if he or she does not have one. **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, date of birth, school, check the no income box if student has no income. If student receives income enter amount received and bubble in how often it is received. **Part 2:** Skip. **Part 3:** check the appropriate box. **Part 4:** Follow these instructions to report total household income.
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; **do not** list students you listed in Part 1. Attach another sheet of paper if you need to.
Column 2 – Enter “X” if the person does not have any income.
Column 3- Report gross income and how often it was received. Next to each person's name list each type of income 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. Check next to the amount indicating how often the person gets paid: weekly, Bi-week, twice a month, monthly or annual.
Column 4 - List the amount each person received last month from welfare, child support, alimony
Column 5- List the amount received from pensions, retirement, Social Security
Column 6 - ALL OTHER INCOME SOURCES : 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. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances.
Part 5: An adult household member must sign the form and list his or her last 4 digits of the Social Security Number, or mark the box if he or she does not have one. **Part 6:** Answer this question if you choose to.