

Free and Reduced-Price Meals

for ACPS Students in the 2022-2023 School Year



Children need healthy meals to learn. School Nutrition Services is pleased to offer FREE breakfast and/or lunch to eligible students and schools, as part of the federally funded National School Lunch Act and Child Nutrition Act, and administered by the U.S. Department of Agriculture and the Virginia Department of Education.

FREE BREAKFAST and LUNCH

will be provided to **ALL** students attending a Community Eligibility Provision (CEP) school. The schools listed below are identified as CEP schools for SY22-23:

- Cora Kelly
- Ferdinand T. Day
- Francis C. Hammond
- James K. Polk
- Jefferson Houston PK-8
- John Adams/Early Childhood Center (ECC)
- Patrick Henry K-8
- William Ramsay

Families of students attending these CEP schools **DO NOT** need to complete the Application for Free and Reduced-Price Meals **unless** they have other children attending another ACPS school.

FREE & REDUCED-PRICE MEAL APPLICATIONS

One application per household is required each school year.

AN APPROVED APPLICATION CAN OFFER A FULL RANGE OF HELP

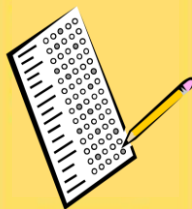
Additional
funding to
support
education



Funding for
technology and
internet access



Discounted
testing fees



Discounted
fees related to
college
applications



Healthy,
nutritious &
affordable
student meals



Apply online at www.schoolcafe.com/alexandriacps

An ACPS student may receive free or reduced-priced meals if his or her family income meets eligibility requirements. Parents who believe their children may be eligible for meal benefits **should** complete an online or paper Application for Free and Reduced-Priced Meals to determine eligibility.

*If you have received a SY22-23 Direct Certification letter, please **DO NOT** complete an application.*

Questions? Contact ACPS School Nutrition Services at 703-619-8048 or food@acps.k12.va.us

2022 - 2023 INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Dear Parent or Guardian:

A NEW APPLICATION MUST BE FILLED OUT EACH NEW SCHOOL YEAR UNLESS you received a 2022-2023 Direct Certification Letter.

COMPLETE ONLY ONE APPLICATION FOR YOUR ENTIRE HOUSEHOLD

Please follow these instructions for filling out the application for free or reduced-price school meals. You only need to submit one application per household, even if your child(ren) attend more than one school in Alexandria City Public Schools. The application must be filled out completely to certify your children for free or reduced-price meals. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Sonya Grant** at **703-619-8048**; food@acps.k12.va.us

All meals served must meet standards established by the U.S. Department of Agriculture (USDA). If a child has been determined by a doctor to be disabled, and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please contact the Director of ACPS School Nutrition Services, **Cynthia Hormel**, at **703-619-8048** for further information. All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced-price meals based on the household's income. Children who are members of households participating in WIC **may** also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the **FEDERAL INCOME ELIGIBILITY GUIDELINES**, your child(ren) may get free or reduced-price meals. **Your child(ren)'s application from last school year is only good for the first few days of this school year.**

If you wish to complete this application, please follow the steps below, otherwise, mark "No" then provide the name(s) of your child(ren) and return.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING COLLEGE AGED

<p>If you know your child's Student ID number, write each digit in a box.</p> <p>If this will be your child's 1st year attending ACPS, mark "Y" for Yes for each child, otherwise, indicate "N" for No.</p>	<p>List each child's name. Print each child's name registered with the school. <i>Do not use a nickname.</i></p> <p>Use one line of the application for each child. When printing names, write the name in the box labeled 'NAME OF CHILD' in each box.</p> <p>If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>Provide date of birth of each child. Write a number in each box to indicate the child's birth date as MONTH / DAY / YEAR.</p> <p>Example: Child's birthdate is January 31, 2009</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>3</td><td>1</td><td>0</td><td>9</td> </tr> </table>	M	M	D	D	Y	Y	0	1	3	1	0	9	<p>What school does each child attend and grade? Write the grade level of each student in the 'Grade' column followed by the two-digit school code.</p> <p>Example: Child is in 2nd grade at John Adams</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Grade</td><td>School Code</td> </tr> <tr> <td>0 2</td><td>J A</td> </tr> </table>	Grade	School Code	0 2	J A	<p>Do you have any foster children? If any children listed are foster children, mark the box under the 'F' column for "Foster Child" next to the child's name. If you are ONLY applying for foster children, skip to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and/or non-foster children, go to STEP 2.</p> <p>Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the appropriate box for "Homeless, Migrant, Runaway" next to the child's name and complete ALL STEPS of the application. Contact the ACPS Homeless Education/Foster Care Liaison, at 703-619-8071 for more information.</p>
M	M	D	D	Y	Y															
0	1	3	1	0	9															
Grade	School Code																			
0 2	J A																			

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TANF?

If no one in your household participates in any of the above listed programs: Mark "No" or leave blank in **STEP 2** and move to **STEP 3**.

If anyone in your household receives SNAP or TANF: Mark "Yes" and provide your 7-10digit SNAP or TANF case number then proceed to **STEP 4**.

DO NOT USE YOUR EBT CARD NUMBER or MEDICAID CASE NUMBER. If you do not know your case number, contact your case worker or Community and Human Services at (703) 746-5700.

STEP 3: ALL HOUSEHOLD MEMBER INCOME

Provide the name, age, income, and pay frequency for all household members. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Report children/student's income, if applicable.

Free or Reduced-Price Meals INCOME CHART - July 1, 2022 to June 30, 2023					
Household Size	Annually	Monthly (12pp*)	Twice per Month (24pp*)	Every Two Weeks (26pp*)	Weekly (52pp*)
1	\$25,142	\$2,096	\$1,048	\$ 967	\$ 484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$ 652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$ 820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$ 988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For Each Additional Family Member, Add	+ 8,732	+ 728	+ 364	+ 336	+ 168

*pp = pay periods per year

Income rules section: List each type of income received for the month each household member. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. **For work earnings**, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. **Also, list the amount you receive for Worker's Compensation, unemployment or strike benefits, if applicable.** If you receive welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits), enter the amount and how often received. For **other income** (disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property, etc), list the amount each person received for the month. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. If you are **self-employed**, under Earnings from Work, report income after expenses for your business or farm (see Schedule C from tax return). If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

STEP 4: CONTACT INFORMATION and ADULT SIGNATURE

Applications **must** be signed by an ADULT member (parent or guardian) of the household. By signing, household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions. **Print and sign your name, provide last four digits of Social Security number and write today's date.** Print the name of the adult signing the application and that person signs in the box "SIGN HERE." Write the last four digits of your Social Security Number (SSN). If you do not have a Social Security Number, MARK the "Check if no SSN" box. **Provide your contact information.** Write your current address in the fields provided if this information is available. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

OTHER BENEFITS: The law allows the school division to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box on the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

ACADEMIC/COMMUNITY SERVICES: By selecting box, you are giving us permission to share your information with school officials and programs for the use of local health and educational services such as Testing Vouchers/Scholarship Determination, Remediation/Tutoring Services, Medical/Dental/Vision clinics, Summer/Recreation Activities, School Supplies, Athletic Fees, Field Trips, Music Equipment, etc.

OPTIONAL: CHILDREN'S RACIAL and ETHNIC IDENTITIES We ask you to share information about your children's race and ethnicity. This field does not affect your children's eligibility for free or reduced-price school meals.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.

FAIR HEARING: You have the right to a fair hearing. If you do not agree with School Nutrition Services' decision on your application or the result of verification, write or call **SCHOOL NUTRITION SERVICES** at **703-619-8048** or write the following official: **Dr. Alicia Hart, Acting Chief of Facilities and Operations, 1340 Braddock Place, Alexandria, VA 22314. Phone: (703) 619-8289.**

REAPPLYING FOR BENEFITS: You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time. *Documentation may be required.*

HELP WITH APPLICATION: If you have any questions or need help in filling out this application, please contact School Nutrition Services at **703-619-8048**; food@acps.k12.va.us.

MEAL POLICY: Students who do not have money on account or in hand to cover the cost of a meal at the time of service will be permitted to charge a full meal. Students will not be permitted to charge a la carte items. Reasonable efforts will be used to avoid calling attention to a student's inability to pay. SNS will notify the principal daily of any unpaid meal charges. The principal's designee will then notify the parent/guardian in the parent's/guardian's preferred language. After ten (10) meals have been charged, the principal will notify the parents/guardians by U.S. mail. Written notifications will include the amount of unpaid meal charges and information on replenishing the student's meal accounts, as well as contact information for assistance registering for free and reduced meal benefits. In addition, the principal will designate a member of the school support team to schedule a meeting with the parents/guardians to determine whether the student qualifies for free and reduced meal benefits. Therefore, ACPS may notify the department of social services of suspected cases of child neglect.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2) fax: (833) 256-1665 or (202) 690-7442; or 3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Alexandria City Public Schools ~ (703) 619-8048
2022-2023 Application for Free and Reduced-Price Meals



5035

DO NOT WRITE IN THIS SECTION

Apply online at www.schoolcafe.com/alexandriacps, email to food@acps.k12.va.us, OR mail to: School Nutrition Services, 1340 Braddock Place, Alexandria VA 22314

If you received a **DIRECT CERTIFICATION** letter this school year (SY22-23), **DO NOT** complete this application.
COMPLETE ONE application per household. **PRINT** neatly using BLUE or BLACK pen (not a pencil) in English language.

Do you want students in your household to be considered for meal benefits? ☐ **No** (provide name(s) of student(s) then submit) ☐ **Yes** (begin with step 1)

STEP 1 List All Children In Household (students, infants, college aged, and other children)

SCHOOL KEY CODE: CB = Charles Barrett; CK = Cora Kelly; DM = Douglas MacArthur; EC = Early Childhood Center; FD = Ferdinand Day; GM = George Mason; JA = John Adams; JP = James Polk; LC = Lyles Crouch; MV = Mount Vernon; NB = Naomi Brooks; ST = Samuel Tucker; WR = William Ramsay
K-8 SCHOOLS: JH = Jeff Houston; PH = Patrick Henry **Secondary (6-12):** FH = Francis Hammond; GW = George Washington; MH = Minnie Howard; AC = Alexandria City High

Student ID (optional)	New to ACPS	Student Name (First, Middle Initial, Last)	Date of Birth (MM/DD/YY)	Grade	School Code	Foster Child, Homeless, Migrant, and/or Runaway? Check all that apply.
	<input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF CHILD 1	MM/DD/YY	Grade		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R
	<input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF CHILD 2	MM/DD/YY	Grade		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R
	<input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF CHILD 3	MM/DD/YY	Grade		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R
	<input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF CHILD 4	MM/DD/YY	Grade		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R
	<input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF CHILD 5	MM/DD/YY	Grade		<input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R

If the student you are applying for is a **FOSTER CHILD**, who is the legal responsibility of a foster care agency or the court, check the 'F' box and go to **STEP 4**.
If there are other students who are not foster children, complete **STEP 2** or go to **STEP 3** if no one in the household receives SNAP or TANF benefits.

STEP 2 Does anyone in your household receive SNAP or TANF? ☐ **No** (Go to step 3) ☐ **Yes**, my case number is: _____ (skip to step 4)

STEP 3 All Household Member Income (If additional space is needed, please list name, age, and applicable income on a separate sheet of paper)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Household Members (First and Last)	Age	GROSS INCOME and FREQUENCY: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly, A = Annually							
		Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?		
Example: John Smith	27	\$ 450	WETMA	\$ 275	WETMA	\$ 600	WETMA		
		\$	WETMA	\$	WETMA	\$	WETMA		
		\$	WETMA	\$	WETMA	\$	WETMA		
		\$	WETMA	\$	WETMA	\$	WETMA		
		\$	WETMA	\$	WETMA	\$	WETMA		
		\$	WETMA	\$	WETMA	\$	WETMA		

STEP 4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

PRINT name of **ADULT** completing this form

Signature of **ADULT** completing this form

Today's Date

P R I N T		X SIGN HERE		M M D D Y Y	
Total Household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of Adult Signing Application *** - ** -		Check here, if no SSN	<input type="checkbox"/>
Street Address	Apt/Unit #	City	State	ZIP Code	
Home or Cell Phone Number ()	Work Phone Number (include extension, if applicable) ()	PRINT Email Address			

☐ School Nutrition Services is allowed to share the information on this application with Medicaid and the Virginia Children's Health Insurance Program called FAMIS.
Check box if you do not wish for this information to be shared. Your decision will not affect your child's eligibility for free or reduced priced meals.

☐ Your child(ren) might qualify for **ACADEMIC** and **COMMUNITY** services such as Athletic Fees, Testing Vouchers, Dental/Vision clinics, Summer activities, etc.
By checking box, you are giving us permission to share your information with school officials/programs for the use of local health and educational services.

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

OFFICE STAFF ONLY - DO NOT Write in this Section

Total Household Size: _____ Income: \$ _____ W _____ E _____ T _____ M _____ A _____

Processing Official: _____ Date: _____ ☐ Categorical Eligibility FOSTER HOMELESS SNAP/TANF Approved: Free _____ Reduced _____ Denied _____

Reason for Denial: Income _____ Incomplete _____ Reviewing Official: _____ Date reviewed: _____

VERIFICATION SUMMARY: Date Selected:	Date Response Due:	Date of 2 nd Notice:	Date Verification Results Notice Sent:
Verification Results: No Change Free to Reduced Free to Paid Reduced to Free Reduced to Paid	Reason for Change: Income Household Size Refused to Cooperate SNAP/TANF Eligibility		
Date:	Verifying Official's Signature:		