National School Lunch Program/School Breakfast Program 2022-23 Letter to Households (Public Schools)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

	RE	GULAR	
Grade Level	Breakfast	Lunch	Snack
K-6	1.50	3.00	\$
7-12	\$ 1.75	3.75	\$
	\$	\$	\$
	\$	\$	\$

Who should fill out an application?

Fill out the application if:

Total household income is the SAME or LESS than the amount on the chart.

You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.

You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to FOOD SERVICES AT 20420 - 68TH AVE W EDMONDS, WA 98036 or YOUR CHILD'S SCHOOL.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 425-431-7078.

		utrition Programe Duly 1, 2022–	n Income Guidel June 30, 2023	lines	
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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 add'l family member, add:	\$8,732	\$728	\$364	\$336	\$168

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- · Names of all household members
- Income by source for all household members
- · Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Parts 1, 2, 3, 4, and 5; Part 6 is optional.

B. For households with only foster child(ren)

- · Student's name
- · Adult household member signature

Complete *Parts 1* and *5*; *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

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What must be on the application? continued

- C. For a family getting Basic Food/TANF/FDPIR:
 - · List all student names
 - · Enter a case number
 - Adult household member's signature Complete *Parts 1, 2, 4,* and *5. Part 6* is optional.

Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children: Apply as a household and include foster children. Follow the directions for "A. For households not getting any assistance:" and include the foster child's personal use income.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

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.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit http://www.wahealthplanfinder.org or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with LYDIA SELLIE, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 425-431-7052.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

June 2022

2022-23 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS EDMONDS SCHOOL DISTRICT #15 Apply online: HTTPS://www.EDMONDS.WEDNET.EDU/DEPARTMENTS/FOOD_NUTRITION_SERVICES Check here if you received meal benefits last year:

Check here if you received meal benefits last year: 🦳	efits la	st year:															Homeless	SSS		Migrant	rant	
1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.	hat are ke an "	e attending school. x" in the correct bo	If the ox for h	studer ow of	it is a '	foster s rece	child, homeles ived.	s, or m	igrant	, indica	ate this	oy placing an	"x" in	the ap	propri	ate box.	Include	any p	erson	al inco	ome	
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2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.	uding	ng yourself) currently	partic	ipate i	n one	or mo	y participate in one or more of the following assistance professional December (Pollow)	wing a	sistar	ice pro	grams,	please write	n a co	se nun	nber.	If no, go to	o Step	m.		1		
3. List the names of all other house	ן קלק	nembers - Enter ir	0001	in wh		וספים!		בוומו	2) 5110	י אין ט	נ פ פ	Case Number:	-	-						Ž	1	
leave the income sections blank, you are promising there is no income to report.	you a	ire promising there	e is no	incom	e to re	nars) port.	and CHECK nov	м оттег	ICISI	eceive	d. Itah	ousehold me	mber	does n	ot rec	eive incon	ne, wri	te 0.	lf you	enter	0 or	
Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Меекіу	Si-weekly	Monthly		Public Assistance/ Child Support/ Alimony	Меекіу	Bi-weekly	dtnoM X S	Monthly & & &	Pensions/ Retirement/ Social Security (SSI)	ΛΛεεκιγ	Bi-weekly	2 X Month	Monthly A r A	Any Other Income Not Already Listed		Меекіу	Bi-weekly	2 X Month	Monthly
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 (total listed must equal number of household members listed above) Contact Information & Signature – Complete, sign, and return this application to: 	of hous e – Con	sehold members lis nplete, sign, and re	ted abo	ove) his app	olicatio	on to:		nary W	age E	ırner o	r Other	Primary Wage Earner or Other Household Member	lemb	i.								
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.	ation o) the in	on this application i oformation. I am av	s true a	and the	at all ir ourpos	come ely gi	e is reported. I ve false informa	unders ation, r	tand 1 ny chi	hat th	is inforn nay lose	nation is giver meal benefit	in co s, and	nnectic I may	on wit be pro	h the rece ssecuted u	ipt of f ınder a	ederal	funds ble Sta	and ate an	that	
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June 2022				Page 2 of 2)		OSPI CNS
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the basis of sex, vides equal access by Carter, Executive tudent Services, an Resources, 20420	rogram or activities on service animal and pro E IX Coordinator: Deb Executive Director of Sutive Director of Hums	criminate in any p led dog guide or i discrimination:Titl Dana Geaslen, E ebby Carter, Exec	(202) 690-7442; or email: program.intake@usda.gov . This institution is an equal opportunity provider. Edmonds School District's Non-Discrimination Statement: Edmonds School District's Non-Discrimination or dentity, disability or the use of a trained dog guide or service animal and provides equal access race, creed religion, color, national origin, age veteran or military status, sexual orientation, gender expression or identity, disability or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator: Deby Carter, Executive Director of Student Services, Director of Human Resources, 20420 68th Avenue W., Lynnwood, WA 98036, 425-431-7047, geaslend338@edmonds.wednet.edu Civil Rights Compliance and ADA Coordinator: Deby Carter, Executive Director of Human Resources, 20420 68th Avenue W., Lynnwood, WA 98036, 425-431-7023, gate-admonds.wednet.edu School Board Policy 3210P	tion Statement: Ed ider expression or ide signated to handle que rarterd@edmonds.wetedu Civil Rights Co Board Policy 3210P	ol District's Non-Discrimina' status, sexual orientation, gen ing employees have been dest, WA 98036, 425-431-7020, caslend338@edmonds.wedneedmonds.wedneedmonds.wedneedmonds.wedneedmonds.wedneedmonds.wedneedmonds.wednet.edu	intake@usda.gov. nity provider. Edmonds Schc nity provider. Edmonds Schc rigin, age veteran or military : ted youth groups. The follow 0 68th Avenue W., Lynnwooc WA 98036, 425-431-7047, gg	or email: <u>program.</u> an equal opportur on, color, national o s and other designa n Resources, 2042(ue W., Lynnwood, V Lynnwood, WA 98C	(202) 690-7442; of This institution is race, creed religic to the Boy Scouts Director of Human 20420 68th Avenue W., E8th Avenue W., E8th Avenue W.,
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