



THE FLORIDA STATE UNIVERSITY
FLORIDA STATE UNIVERSITY SCHOOLS

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear Parent/Guardian:

July 1, 2023

Children need healthy meals to learn. **Florida High** offers healthy meals every school day. Breakfast costs \$1.80 for K-5 / \$2.15 for 6-12; lunch costs \$2.90 for K-5 / \$3.10 for 6-12. Your children may qualify for free or reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

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. Complete the application to apply for free or reduced price meals. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return** the completed application to: **FSUS Cafe, 3000 School House Road, Tallahassee, FL 32311.**
2. ***Who can get free meals?*** All children in households receiving benefits from SNAP (food stamps), TANF (temporary aid for needy families), FDPIR (food distribution Program on Indian Reservations), 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 Eligibility 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 the household income.
4. ***Can homeless, runaway, and migrant children get free meals?*** Yes, children who 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 Suzanne Wilkinson, Homeless/Migrant Liaison at (850) 245-3700** 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 Eligibility Income Chart, shown on this application.
6. ***Should I fill out an application if I received a letter this school year saying my children are approved for free meals?*** Yes, in order to receive the other benefits such as the waivers for Activity Fee, Educational Programs and the Afterschool Program we would need the application with the waiver form filled out. Please read the letter you receive carefully and follow the instructions. Call the school at **(850) 245-3700**, 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 30 days of this school year. You must send in a new application every school year unless the school told you that your child is eligible for the new school year.
8. ***I get WIC. Can my child 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 documentation.
10. ***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 or reduced price meals if the household income drops below the income limit.

11. ***What if I disagree with the school's decision about my application?*** You should talk to school officials. (850) 245-3700. You also may ask for a hearing by calling or writing to: **3000 School House Road, Tallahassee FL 32311, Phone: (850)245-3700**
12. ***May I apply if someone in my household is not a U.S. citizen?*** Yes. You or your child 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. 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.
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. If you have lost a job or had your hours or wages reduced, use your current income.
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 his/her combat pay counted as income?*** No, if the combat pay is received in addition to the basic pay because of the deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
17. ***How long does my child receive benefits?*** Once your child is approved to receive Free or Reduce-Price meals, the benefits are good for the entire school year.
18. ***My family needs more help. Are there other programs we might apply for?*** To find out how to apply for Florida SNAP or other assistance benefits, contact your local assistance office or call (866) 762-2237.

If you have other questions or need help, call (850) 245-3700.

Si necesita ayuda, por favor llame al teléfono: (850) 245-3700.

Si vous voudriez d'aide, contactez nous au numero: (850) 245-3700.

Este formulario está disponible en español. Llame al teléfono: (850) 245-3700.

Sincerely,

Dr. Stacy Chambers, Director

INSTRUCTIONS FOR APPLYING

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

2023-2024

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM FL SNAP (Food Stamps), FL TANF (Temporary Aid for Needy Families), or FDPIR (The Food Distribution Program on Indian Reservations) FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: List the case number for any household member (including adults) receiving **Florida SNAP** or **Florida TANF** or **FDPIR** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Complete and 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 FL SNAP or FL 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 name of school for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Suzanne Wilkinson, FSUS Homeless/Migrant liaison, (850) 245-3700**.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Complete and 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:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Complete and 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 some of the children in the household are foster children:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Suzanne Wilkinson, FSUS Homeless/Migrant liaison, (850) 245-3700**. If not, skip this part.

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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits 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 5: Adult household member must sign 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 6: Answer this question, if you choose.

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

2023-2024

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Suzanne Wilkinson, FSUS Homeless/Migrant liaison, (850) 245-3700**. If not, skip this part.

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. 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits 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. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. 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 complete and sign 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 6: Answer, this question if you choose.

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

<i>FEDERAL ELIGIBILITY INCOME CHART</i> For School Year 2023-2024					
Household size	Yearly	Monthly	Twice Per Month	Every Two weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,535	7,795	3,898	3,598	1,799
For each additional family member, add:	+ 9,509	+ 793	+ 397	+ 366	+ 183

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: 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.

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION MUST BE
TURNED INTO THE FSUS CAFÉ OFFICE!**

Please be sure to complete **ALL** pages.
Incomplete applications CANNOT BE APPROVED!

Part 1. ALL Household Members			2023-2024
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) <i>* If all children listed below are foster children, skip to Part 5 to complete and sign this form.</i>	Check if NO income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits

If any member of your household receives [FL SNAP], [FDPIR] or [FL TANF Cash Assistance], provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

Name: _____ Case number: _____

Part 3. *If any child you are applying for is **homeless, migrant, or a runaway** check the appropriate box and call **Suzanne Wilkinson, FSUS Homeless/Migrant liaison, (850) 245-3700.*** Homeless Migrant Runaway

Part 4. Total Household Gross Income. You must tell us how much and how often. (**weekly, every other week (EOW), monthly, or 2x a month**)

1. NAME (List only 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
	Amount/How often received:	Amount/How often received:	Amount/How often received:	Amount/How often received:
<i>(Example) Jane Smith</i>	\$199.99/2X month	\$149.99/EOW	\$99.99/Monthly	\$50.00/weekly
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PLEASE DO NOT SEPARATE PAGES

Part 5. Signature and last four digits of Social Security Number (Adult must sign)

2023-2024

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 last page of this document)

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: _____ Date: _____

Print Name: _____ Home Phone Number: _____

Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: X X X - X X - _____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian
- American Indian or Alaska Native
- Black or African American
- 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: _____

Determining Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

2023-2024

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- ACTIVITY FEE WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Florida State University Schools Accounting Office**. This BOX must be checked and the form turned into the Food Services Office *no later than 30 days after enrollment* in order to be considered for an Activity Fee Waiver. For students who are enrolled to start school on **August 10, 2023** this form must be turned into the FSUS Cafe Office **no later than October 1, 2023**. Please do not fax, email, or send a copy of your approved letter. This information will be verified through the cafeteria.

- EDUCATIONAL PROGRAM WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Administration Office to allow my child access to special educational programs. Requests must be specific to each program.** This BOX must be checked in order for Free or Reduced Price Lunch Status to be released for non-federal Educational Programs, academic fee-waiver programs and research programs when that information is needed to permit your child to participate in the program. (Examples: FSUS sponsored research, FSU sponsored research, **ACT/SAT fee-waivers**, FSUS scholarships, AP Testing, etc. or any fee based testing)

- AFTER SCHOOL PROGRAM WAIVER** Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the **After-School Program Director**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the children listed below. Your information will be shared only with the programs you checked.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

For more information, you may call the **Florida State University Schools Front Office** at **(850)245-3700** or **send e-mail to: cafe@fsus.school**

Return entire application form to: FSUS Food Services, 3000 School House Road, Tallahassee, FL 32311

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SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the children listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

For more information, you may call the **FSUS Cafe Office** at **(850)245-3865** or send e-mail to: cafe@fsus.school Return entire

application form to: FSUS Cafe, 3000 School House Road, Tallahassee, FL 32311

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