Pittsford Schools

2024-2025 School Year

Dear Parent/Guardian,

The District recognizes the importance of assisting our families in need through various programs, including free and reduced-priced meals. As we enter the 2024-25 school year, I want to provide some updated information.

An application for this assistance is required for each school year. The 2023-24 term for free and reduced meals ended on June 30, 2024. If you have applied previously, you must reapply <u>each</u> year.

Please complete and return the application on the back of this letter by August 30, 2024 in order for meal benefits to become effective for the start of school on Thursday, September 5, 2024. Completed applications should be sent to Pittsford Food Service Department, 100 Mendon Center Road, Pittsford, NY 14534. You will be notified directly via email if your application is approved or denied.

Along with the completed application, <u>please submit the following:</u>

- Original copy of a direct certification letter or a copy of SNAP letter (<u>not a benefits card</u>).
  OR
- Income verification (<u>2 consecutive pay stubs</u>) for **ALL** reported income.

Without these documents, the Food Services Department will not be able to review your application for free and/or reduced meal benefits.

While August 30, 2024 is the deadline for access on the first day of school, the Food Services Department will continue to accept applications throughout the school year as we understand that circumstances change. Any charges incurred prior to approval are the parents/guardians responsibility.

Please feel free to contact me with any questions or concerns at (585) 267-1096 or Elena_Montgomery@pittford.monroe.edu. We look forward to serving your children healthy and nutritious lunches again this school year.

Sincerely,

Elena Montgomery
Director of Food Services

Date Withdrew_____   F ____R _____D_____

2024-2025 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children complete **only one** form for your household, sign your name and **return it to the address listed below.** Call the Director of Food Service at **267-1096**, if you need help. **Income or SNAP documentation required <u>with</u> applications.** Additional names may be listed on a separate paper.

Return Completed Applications to: **Pittsford Food Service Department**
                                           100 Mendon Center Road
                                           Pittsford, NY 14534

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless, Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2):

<u>All Household Members (including yourself and all children that have income).</u>

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults)

[___ | ___]

*Last Four Digits of Social Security Number: XXX-XX- __ __ __ __

I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that **<u>all income is reported</u>.** I understand that the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____   **Date:** _____

Email Address: _____

Home Phone: _____   **Work Phone:** _____   **Home Address:**_____

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Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐   SNAP/TANF/Foster

☐   Income Household: Total Household Income/How Often: _____/_____   Household Size: _____

☐   Free Meals   ☐ Reduced Price Meals   ☐ Denied/Paid

Signature of Reviewing Official_____   **Date Notice Sent:**_____