

**National School Lunch Breakfast  
Program 2024-2025 Letter to Households**



Phone Number: 253.800.3912  
 Fax Number: 253.800.3998  
 Physical Address: 5625 192<sup>nd</sup> St E, Puyallup, WA 98375  
 Mailing Address: 516 176th St E., Spanaway, WA 98387

**Dear Parent or Guardian:**

To ensure that your student's school will continue to receive the full amount of federal and state funding available, **ALL Bethel School District families should complete the Child Nutrition Eligibility and Education Benefit Application (CNEEB) this school year.**

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. Applications must be resubmitted each school year to determine eligibility. Reminder: Households are responsible for all meal charges incurred prior to the eligibility determination.

| Grade Level   | Breakfast | Lunch   |
|---------------|-----------|---------|
| Elementary    | \$ 2.15   | \$ 3.50 |
| Middle School | \$ 2.15   | \$ 3.50 |
| High School   | \$ 2.30   | \$ 4.00 |
| Adult         | \$ 3.00   | \$ 4.75 |

**You may qualify for Free and Reduced-Price Meals if:**

- Your total household income is the SAME or LESS than the amount on the chart below for your household size
  - A **household** is defined as all people, related or unrelated, who live in your home and share living expenses. **HOUSEHOLD INCOME** is the income each household member currently receives **before taxes**. This includes wages, social security, pension, unemployment, welfare, child support, alimony, military pay and cash bonuses, off base housing allowances and any other cash income. When applying with zero income, write "0" (zero) in field. When left blank, it will be assumed you meant to do this and will be counted as \$0.00 (zero) income.
- You receive Basic Food, Temporary Assistance for Needy Families (TANF), or participate in the Food Distribution Program on Indian Reservations (FDPIR), Homeless (McKinney-Vento), or migrant. Check the appropriate box.
  - If you receive a letter stating your child(ren) are "Directly Certified" (DCRT) for the current school year, this means your child(ren) have been certified by DSHS as eligible to receive free or reduced-price meal benefits because they receive TANF, Basic Food, or certain Medicaid benefits).
- You are applying for a foster child(ren) under legal responsibility of a foster care agency or court.

**FEDERAL INCOME CHART – July 1, 2024 through June 30, 2025**  
*(These Guidelines are Subject to Change)*

| Household Size                  | Weekly | Every 2 Weeks | Twice a Month | Monthly | Annual   |
|---------------------------------|--------|---------------|---------------|---------|----------|
| 1                               | \$536  | \$1,072       | \$1,161       | \$2,322 | \$27,861 |
| 2                               | \$728  | \$1,455       | \$1,576       | \$3,152 | \$37,814 |
| 3                               | \$919  | \$1,838       | 1,991         | \$3,981 | \$47,767 |
| 4                               | \$1110 | \$2,220       | \$2,405       | \$4,810 | \$57,720 |
| 5                               | \$1302 | \$2,603       | \$2,820       | \$5,640 | \$67,673 |
| 6                               | \$1493 | \$2,986       | \$3,235       | \$6,469 | \$77,626 |
| 7                               | \$1685 | \$3,369       | \$3,650       | \$7,299 | \$87,579 |
| 8                               | \$1876 | \$3,752       | \$4,064       | \$8,128 | \$97,532 |
| For each additional member add: | \$192  | \$383         | \$415         | \$830   | \$9,953  |

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Your application will be processed within 10 working days. We will notify you of approval or denial. **PLEASE VERIFY that ALL your students are listed on the letter. IF NOT, YOUR OTHER CHILD(REN) MAY NOT BE ON THE PROGRAM, OR ELIGIBLE FOR OTHER BENEFITS.** For assistance adding them, please contact the Child Nutrition Office at 253-800-3912.

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**WHAT MUST BE ON THE APPLICATION?**

**A. Households applying by Income:**

- Student name(s)
- Names of all household members
- Income by source for all household members
- Last four digits of the Social Security number of the adult household member who signs the application (or check the box if the signing adult does not have a SS#)
- Adult household member's signature

**C. Households with only foster children**

- Student name(s)
- Adult household member's signature
- OR
- Send a copy of court documentation showing foster child(ren)'s placement with you

**B. Households receiving Basic Food or TANF/FDPIR**

- Case number (*on letter from DSHS*)
- All student names
- Adult household member's signature

**D. Households with foster AND other children**

- Apply as a household and include foster child(ren)
- Include the foster child(ren)'s personal use income
- Do not report foster payments as income
- Adult household member's signature

**Additional Info:**

**Military:** Basic pay, cash bonuses, allowances for off-base housing, food and clothing, and Family Subsistence Supplemental Allowance (FSSA) payments **MUST** be included as income. Do not include: Military Privatization Initiative Housing Allowances or Combat Pay.

**Basic Food/Medicaid:** If you have been approved for Basic Food, but do not actually receive Basic Food dollars, you must complete an application based on income. Medicaid case numbers cannot be accepted/approved. Households that have been *Directly Certified*, and do not want their child(ren) to participate in the meal program should notify Child Nutrition Services in writing. You can learn about Basic Food by calling 1-877-501-2233 or visiting [http://www.foodhelp.wa.gov/basic\\_food.htm](http://www.foodhelp.wa.gov/basic_food.htm). To inquire about health coverage call: Washington Health Plan finder at 1-855-923-4633 or log on to: <http://www.wahealthplanfinder.org>.

**Foster:** children under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If including a foster child as part of the household, you may include the foster child(ren) in the total household size. If so, you must also include the foster child's personal income. Do not report foster payments as income. Please note, that although foster students are categorically eligible to receive free meals, the other students in the household may or may not qualify based on household size and income

**If you are not eligible now**, but later have a decrease in household income, an increase in family size, become unemployed, or qualify for Basic Food, TANF, FDPIR benefits, you might qualify for free or reduced-price meals and may fill out an application at that time. Applications may be submitted at any time during the school year.

**All school meals meet federal nutrition guidelines:** If your child has a **medical condition that requires special foods**, substitutions will be made only when their health care provider completes the necessary paperwork. If your child needs this assistance, please contact your school nurse, or the Child Nutrition Office at (253) 800-3912.

**Verification:** Please be aware that you may be asked to provide additional information to verify your child(ren)'s eligibility to receive free or reduced-price meal benefits.

**If you do not agree with the decision on your application (or the result of verification):** write or call Bethel School District, Child Nutrition Services, 516 176<sup>th</sup> Street E, Spanaway, WA 98387, (253) 800-3912. You also have the right to a fair hearing. This can be arranged by writing or calling Debra Carlman, Director, Equity and Achievement, Fair Hearing Official, Bethel School District, 516 176<sup>th</sup> Street East Spanaway, WA 98387, (253) 800-6035.

**Feel free to visit the Child Nutrition Services Office if you have questions, or need additional assistance.  
We are open 7:30am-4:00pm, Monday-Friday.**



*This institution is an equal opportunity provider.*