



## Essex Fells School District

102 Hawthorne Road  
Essex Fells, New Jersey 07021

[www.efsk-6.org](http://www.efsk-6.org)

Dear Parent or Guardian:

All students enrolled in New Jersey public schools must be surveyed to determine the percentage of students who qualify for free and reduced price school meals. This survey is necessary even if the school does not participate in any of the federally funded Child Nutrition Programs.

Attached is an application to be used for survey purposes. Please fill out this application as soon as possible, sign it and return it to Essex Fells School.

New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ Family Care to determine if your children qualify to participate in this state insurance program. If you do **not** wish to share your information with Medicaid or NJ Family Care you must complete and sign the enclosed information sharing form for Medicaid or NJ Family Care and return it to your child's school. For more information, follow the link to the [NJ Family Care](http://www.njfamilycare.com) website.

Contact Essex Fells School if you have any questions. Thank you for your cooperation.

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/ad-3027.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;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



## SAMPLE SURVEY MEMO

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## FEDERAL INCOME ELIGIBILITY GUIDELINES

**July 1, 2024 – June 30, 2025**

(As announced by the United States Department of Agriculture)

HOUSE-HOLD SIZE	FREE MEALS OR MILK					HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,578	1,632	816	753	377	1	27,861	2,322	1,161	1,072	536
2	26,572	2,215	1,108	1,022	511	2	37,814	3,152	1,576	1,455	728
3	33,566	2,798	1,399	1,291	646	3	47,767	3,981	1,991	1,838	919
4	40,560	3,380	1,690	1,560	780	4	57,720	4,810	2,405	2,220	1,110
5	47,554	3,963	1,982	1,829	915	5	67,673	5,640	2,820	2,603	1,302
6	54,548	4,546	2,273	2,098	1,049	6	77,626	6,469	3,235	2,986	1,493
7	61,542	5,129	2,565	2,367	1,184	7	87,579	7,299	3,650	3,369	1,685
8	68,536	5,712	2,856	2,636	1,318	8	97,532	8,128	4,064	3,752	1,876
Each Additional Household Member	6,994	583	292	269	135	Each Additional Household Member	9,953	830	415	383	192

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

**Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12**

Error Prone:

Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.

Every two weeks or twice a month: \$0 - \$50 below the free or reduced price income eligibility limit.

Monthly: \$0 - \$100 below the free or reduced price income eligibility limit.

Annually: \$0 - \$1200 below the free or reduced price income eligibility limit.

**Error Prone DOES NOT apply to NJEIE Applications**





**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
<b>Earnings from Work</b> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<b>Public Assistance/Alimony/Child Support</b> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Regular cash payments from outside household</li> </ul>	<b>Pensions/Retirement/All other sources of income</b> <ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

**OPTIONAL**

**Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

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 for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

**DO NOT FILL OUT**

For school use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income  Household size

Determining Official's Signature  Date

Confirming Official's Signature  Date

Verifying Official's Signature  Date

Federal Income Eligibility:  Free  Reduced  Denied

If Federal Denied: Eligible for NJEIE? Yes  No

Categorical Eligibility

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

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FAX: (833) 256-1665 or (202) 690-7442; or  
EMAIL: program.intake@usda.gov

**\*Do not mail applications to this address, only complaints of discrimination.**

**Return completed form to your child's school.**

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**SHARING INFORMATION WITH MEDICAID or  
NJ FAMILYCARE**

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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 NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare 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 NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- 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 (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

