



West Chester Area School District
782 Springdale Drive
Exton, PA 19341
(484) 266-1000

July 2024

Apply online at <https://www.schoolcafe.com>

Dear Parent/Guardian:

Children need healthy meals to learn. The West Chester Area School District offers healthy meals every school day. Breakfast is available at no charge to all students in elementary and middle school, only high school students eligible for free or reduced price will be at no cost. Lunch costs \$2.95 at the elementary level; \$3.20 at middle school; and \$3.50 at high school. Your child(ren) may qualify for free meals or for reduced price meals.

During the 2024-2025 School Year, all schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students (our high schools are not participating so only those who are eligible for free or reduced-price meals will be eligible for free breakfast). Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals.

This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

INCOME ELIGIBILITY REDUCED PRICE GUIDELINES JULY 1, 2024-JUNE 30, 2025

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each additional family member add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, call or email Tricia Alston, Social Work Coordinator at 484-266-1226 or palston@wcasd.net.
- 3. 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.* We cannot approve an application that is not complete, so be sure to fill out all required information. You may request a paper application from the school at any time. Return the completed application to: **your child's Home and School Visitor (information is attached).**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **your child's Home and School Visitor (information is attached)** immediately.
- 5. CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.schoolcafe.com> or visit the PA Department of Human Services website at www.compass.state.pa.us.

6. 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 30 operating school 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.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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 and/or reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Melissa Kleiman, Director of Pupil Services for West Chester Area School District at 782 Springdale Drive Exton, PA 19341 or at (484) 266-1210.**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. 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.
13. 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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact your child's Home and School Visitor (information is attached) to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.
17. If you have other questions or need help, call your child's Home and School Visitor (information is attached).

Sincerely, **Tricia Alston, Social Work Coordinator**

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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS or THE SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced-price meals. You only need to submit one application per household, even if your children attend more than one school in The West Chester Area School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these step-by-step instructions beginning with **STEP 1!** Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact your Home and School Visitor (information attached).

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many children live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
 - In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.
- A) List each child's name. Print each child's name. Use one line of the application for each child. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, finish completing STEP 1, then proceed to STEP 3.
- C) Are any children homeless, migrant, runaway, or Head Start? If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)?

- A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.
- B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the nine-digit case number. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact 1-877-395-8930, Chester County Assistance Office (610) 466-1000, or Delaware County Assistance office (610) 447-5500. You must provide a case number on your application if you circled "YES". Skip to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (EVEN IF THEY DO NOT RECEIVE INCOME).

- A) REPORT ALL INCOME EARNED OR RECEIVED BY CHILDREN. For ALL children listed in STEP 1, report the combined gross income in the box "Child Income" and check how often the income is received.
- B) LIST ALL HOUSEHOLD MEMBERS (including yourself) who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do not include children listed in STEP 1.
 - Do not include people who live with you but are not supported by your household's income AND do not contribute income to your household.
- C) REPORT TOTAL INCOME for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- Report all amounts in GROSS INCOME ONLY. Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - What if I am self-employed? Report income as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- D) REPORT TOTAL HOUSEHOLD SIZE. Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.
- E) PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER. The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that adult household member is promising all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the Privacy Act Statement and Non-discrimination Statement at the bottom of these instructions.**

- A) **PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- B) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- C) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, email address or both is optional, but helps us reach you quickly if we need to contact you.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price meals.

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: This explains what to do if you believe you have been treated unfairly.

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.

Pennsylvania Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: <https://www.schoolcafe.com>

RETURN TO: Your school's Home and School Visitor

ADDRESS: WCASD-Your school's address

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3.

☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any 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 Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				
	\$						\$					\$				

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2X Month	Monthly	Annual
\$					

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

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
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	
<ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans' benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

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 $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?					Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>		Free	Reduced	Denied
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature			Date	Verifying Official's Signature		Date		

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

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, audiotope, 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:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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.

This institution is an equal opportunity provider.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

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.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with programs like: **school activity fees to include sports and extracurricular activities (instrument, book fair, library aid), school sponsored health services, SAT/ACT and college waivers, district educational programs (school kits), and holiday assistance. The information shared will include the student name and their eligibility status. *The information would be shared with either other school personnel or program directors (may not be school personnel) depending on the program above.***

If you checked "Yes" in the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

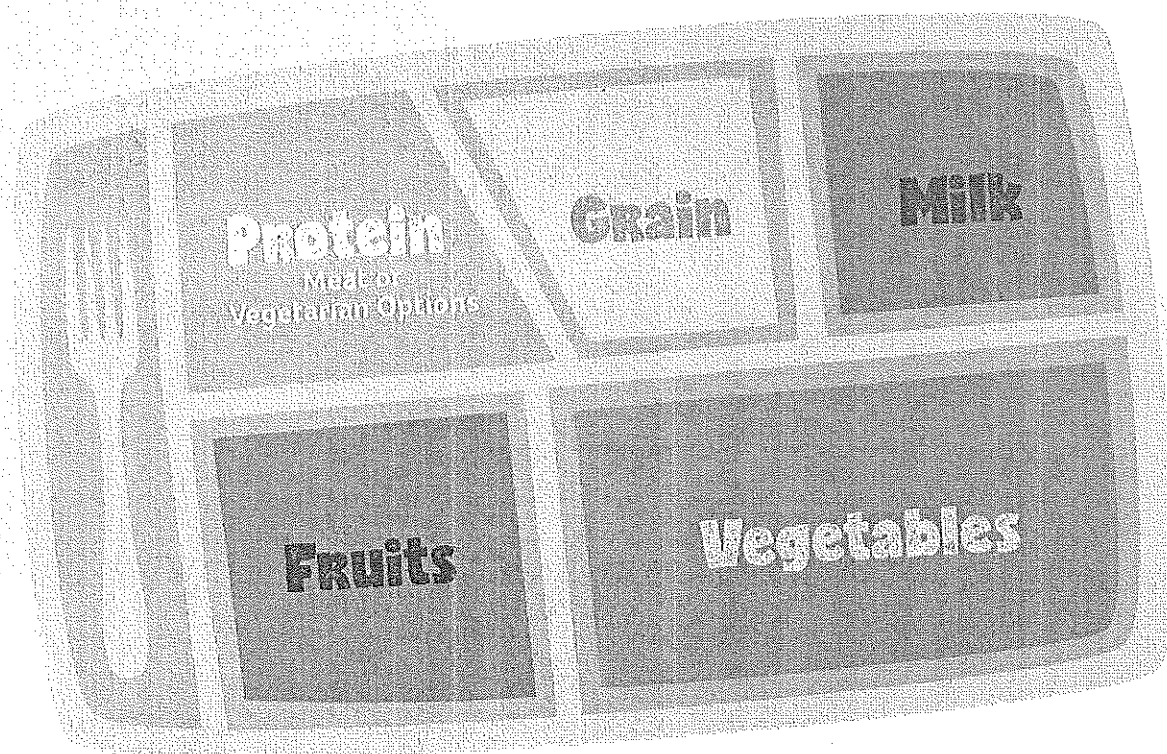
Printed Name: _____

Address: _____

For more information, you may call your child's Home and School Visitor; all contact information is included in this packet.

Return this form to: your child's Home and School Visitor at your earliest convenience.

Build Your Own Breakfast



IT'S
EASY!

CHOOSE AT LEAST
1 FRUIT **+** **2** ADDITIONAL
OR VEG FOOD ITEMS
TO MAKE A MEAL

*Additional items will be charged at à la carte prices.

REIMBURSABLE MEAL

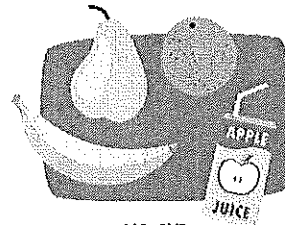
K12 OVS Breakfast

STUDENTS
must select a minimum of
1/2 CUP OF
FRUIT OR VEG



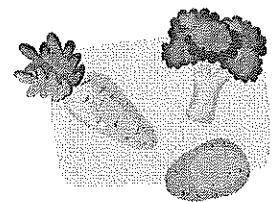
2 FULL
SERVINGS OF
ANY OF THESE ITEMS
in any combination

fruits



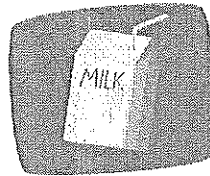
1/2 CUP

vegetables



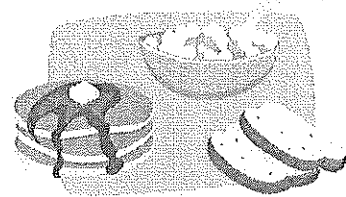
1/2 CUP

milk



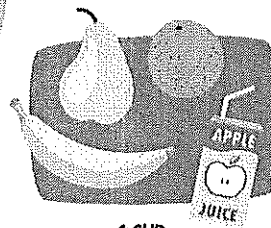
8 OZ

breads/grain



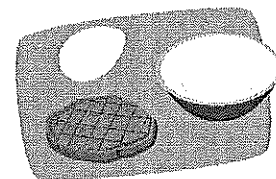
1 OZ EQUIVALENT

fruits

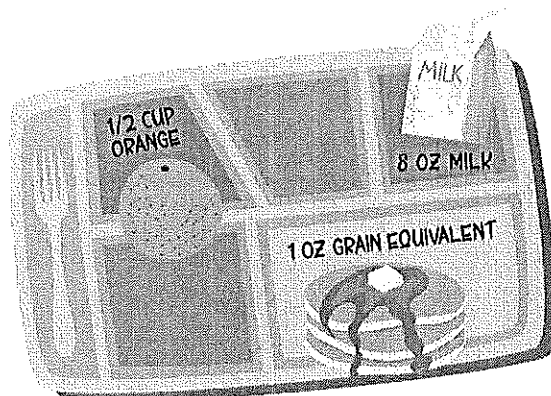


1 CUP

protein



1 CUP



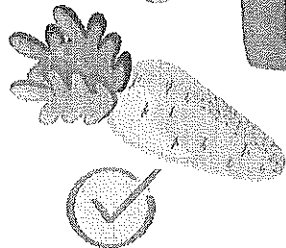
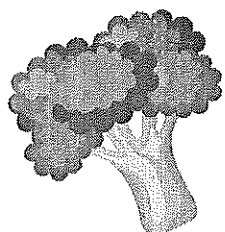
Sample
Breakfast

Build Your Own Lunch

IT'S EASY!

Crea tu propio almuerzo

¡ES FÁCIL!



CHOOSE

AT LEAST
1 FRUIT or VEGETABLE

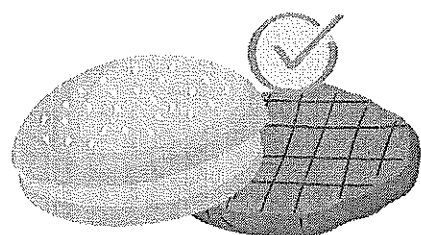
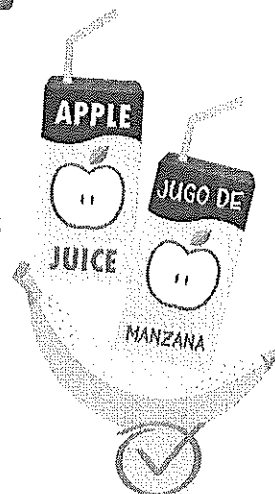
ELIGE

POR LO MENOS
1 FRUTA o VERDURA



2 OTHER FOODS

2 ALIMENTOS ADICIONALES

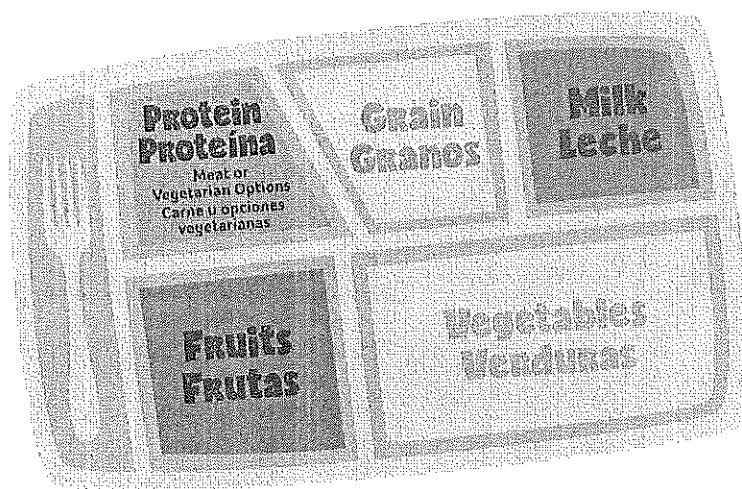


**TO MAKE A MEAL
PARA COMPLETAR
UNA COMIDA**



*Extra servings of the same food or 6 or more foods will result in an additional charge.

*Hay un costo adicional por raciones adicionales del mismo alimento o por 6 o más alimentos.



REIMBURSABLE MEAL | COMIDA REEMBOLSABLE

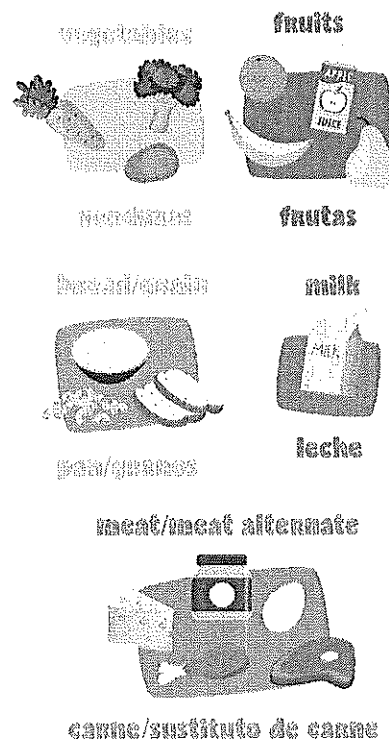
K8 Lunch Almuerzo para K8

STUDENTS
must select a
minimum of
**3 MEAL
COMPONENTS**
at least one of which
must be a **FRUIT**
or **VEGETABLE**

Extra full servings
from any food group
will be charged at
à la carte prices

LOS ALUMNOS
deben seleccionar
un mínimo de
3 COMPONENTES
por lo menos uno debe
ser una **FRUTA**
o **VERDURA**

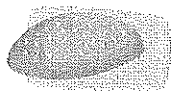
Las raciones completas
adicionales de cualquier
grupo de alimentos
se cobrarán al
precio a la carta



Food Group Samples | Ejemplos de grupos de alimentos



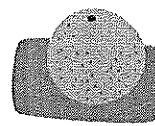
HAMBURGER PATTY
HAMBURGUESA



HAMBURGER BUN
PAN PARA HAMBURGUESA



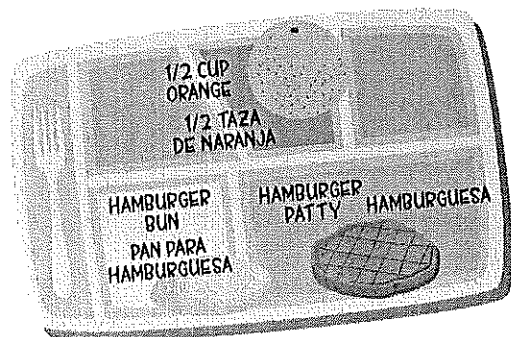
1/2 CUP BROCCOLI
1/2 TAZA DE BRÓCOLI



1/2 CUP ORANGE
1/2 TAZA DE NARANJA



MILK
LECHE



Sample Lunch | Ejemplo de un almuerzo

1/2 cup fruit OR 1/2 cup vegetables PLUS a minimum of 2 full servings from other food groups are required for a reimbursable meal

Para el reembolso de una comida se requiere ½ taza de fruta O ½ taza de verduras MÁS un mínimo de 2 raciones completas de otros grupos de alimentos

**West Chester Area School District
Home and School Visitor Staff**

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Social Work Coordinator
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Fax: (484) 266-1241

East Feeder System

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Bldgs: East

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Bldgs: Fugett
Penn Wood (RHS Feeder)

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Ext: (484) 266-1920

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Fern Hill

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Ext. (484) 266-1620

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Ext. (484) 266-1520

Henderson Feeder System

Janelle Hoole, MSW, LCSW, HSV, CSSW
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Bldgs: Henderson

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Natalie Corcimiglia, MSW, LSW, HSV, CSSW
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Bldgs: Peirce
Westtown Thornbury (RHS Feeder)

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Ext: (484)-266-1820

Elizabeth Garduno, MSW
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Bldgs: East Bradford
Hillsdale

Ext: (484) 266-2120

Ext: (484) 266-2020

TBD
Home and School Visitor
Email: TBD
Cell: (484) 883-1048

Bldgs: Greystone
Mary C Howse

Ext: (484) 266-2320

Ext: (484) 266-1320

Rustin Feeder System

Cortney Encarnacion, MSW, LSW, HSV, CSSW
Home and School Visitor
Email: cencarnacion@wcasd.net
Cell: (610) 883-7328

Bldgs: Rustin

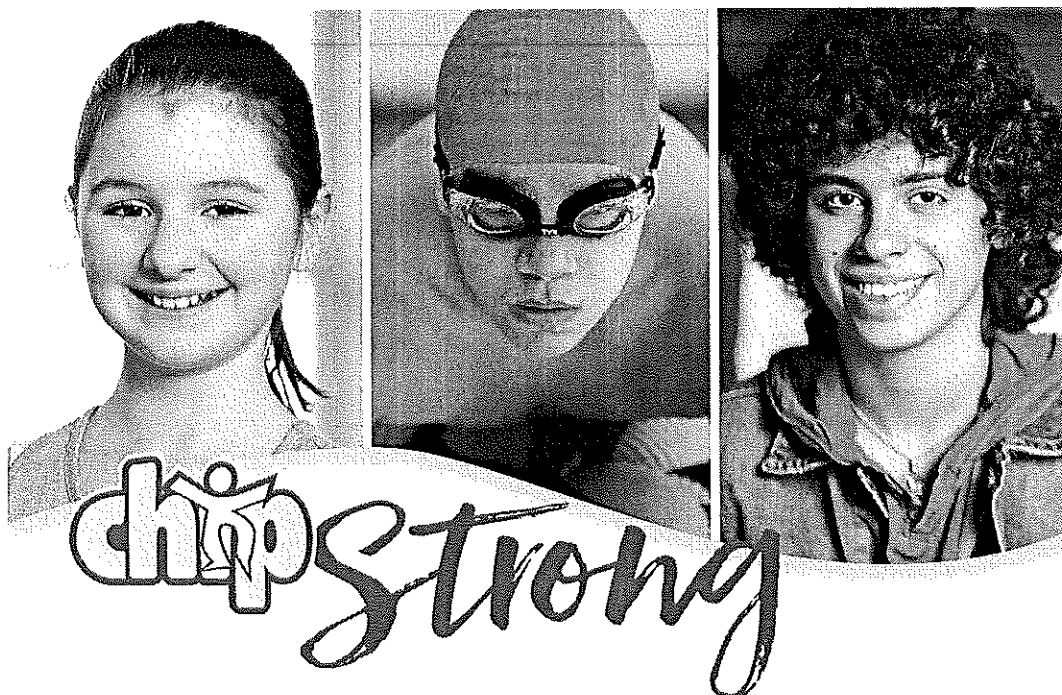
Ext: (484) 266-4320

Colette McLaughlin, BSW
Home and School Visitor
Email: cmclaughlin@wcasd.net
Cell: (484) 883-9053

Bldgs: Stetson
Starkweather

Ext: (484) 266-2720

Ext: (484) 266-2220



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CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn't matter why your kids don't have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

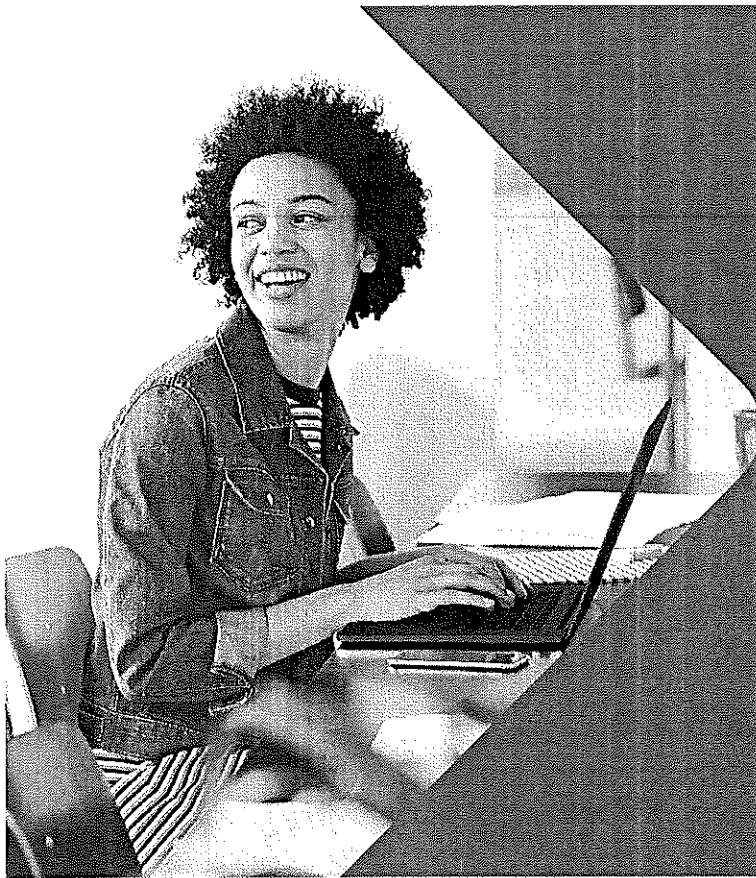
There is no limit on income. If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW

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Book	Policy Manual
Section	800 Operations
Title	Cafeteria Charge Policy
Code	808AG1
Status	Active
Adopted	August 1, 2015
Last Revised	July 23, 2018

All students that attend West Chester Area School District are provided the opportunity to purchase meals at each building's cafeteria.

Food Service Charge Policy:

The following guidelines shall be followed in the instance that a student finds it necessary to charge their meal due to lack of funds in their account.

Students at the elementary and middle school levels are permitted to charge an eligible reimbursable meal when their individual student accounts lack sufficient funds to cover the cost of the meal. A student's outstanding balance is always kept confidential and should not be discussed with the student.

Students at the high school level are permitted to charge a "bundle meal" when their individual student accounts lack sufficient funds to cover the cost of the meal. A student's outstanding balance is always kept confidential and may be communicated discreetly with high school students.

Students are not permitted to charge a-la-carte or other non-program foods when their individual student accounts lack sufficient funds to cover the cost of the items.

Communication of negative balance to parent/guardian:

Parents/guardians are solely responsible for providing their children with meals either by providing money to purchase meals at the school or by providing a packed meal from home. If for any reason a parent/guardian cannot afford to provide a meal for their child, Free and reduced meal benefits may be applied for by accessing the meal application at wcasd.net under Family and Student Services - Food Services - Food and Nutrition - National School Lunch Program.

Parents/guardians and students are encouraged to deposit money in their Food Service account so that adequate money is readily available to purchase school meals. This will eliminate the need for the parent/guardian to send money with the child each day. Parents/guardians can deposit money by sending a check or cash with their child to school or by accessing the District's on-line payment website.

The Food Service Department shall provide each parent/guardian access to his/her student's purchases for the school year. It shall be the parents/guardian's responsibility to monitor student purchases at his/her discretion.

Negative balance notifications will be emailed to parents/guardians on a weekly basis on Sunday evenings until the past due balance is satisfied. This notification will request that the parent/guardian apply to participate in the National School Lunch Program.

Parents/guardians of students whose negative balance has reached \$25 will receive a follow-up phone call from Central Office requesting payment in full or offering a payment plan to settle the negative balance.

Negative balances not collected within 60 days may be subject to late fees and/or penalties and may be referred to outside collection practices.

Delinquent School Meal Account Debt

After all reasonable steps to collect delinquent school meal balances have been exhausted, the delinquent debt shall be referred to the Business Office for appropriate action.

Delinquent school meal balances shall not be classified bad debt for write-off purposes until all reasonable collection efforts have been exhausted.

Unrecovered/delinquent debt shall be considered bad debt and non-federal funding sources must repay the Food Service Fund for the total amount of such debt within one year.