

South River Board of Education

15 Montgomery Street, South River NJ 08882
Tel: 732-613-4000 Fax: 732-238-8415

Cynthia A. Urbanik..... President
Kevin J. Nielsen Vice-President
Raymond Baszak Elizabeth Lell
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Lisa Byrne

Sylvia Zircher
Superintendent; Ext. 1223

Johnny Rosa
*Business Administrator/
Board Secretary; Ext. 1227*

Date: August 1, 2024
To: Parents / Guardians
From: Johnny Rosa, School Business Administrator
Subject: **2024-25 School Meals and Summer EBT Application / Online Procedure**

For the 2024-25 school year you will be able to apply and submit your child(ren)'s School Meals and Summer EBT Application online by way of the South River School District's website. In the event you have more than one child attending the school district, it is a household application, and all you will need is each student's ID number.

You will need access to a computer in order to complete and submit the lunch application. To accommodate you in the event you do not have access to a computer, one will be made available to you in your respective child's school building's main office, to allow you the opportunity to submit your lunch application. Please contact the Building Principal of your child's school to make arrangements.

Instructions to apply online are as follows:

You will need your Children's Student ID numbers in order to apply online.

Go to the South River School District's Home Page website: www.srivernj.org

Under the header of Departments, click on Food Services.

Click on School Meals and Summer EBT Application.

You may also want to click School Meals and Summer EBT Application for a step by step guide in completing the application.

You are now on the application home page. You will need to create a user name and password as first time users.

In the event you applied online last year, continue to use the same username and password.

We hope you find this procedure easy to process and less paperwork to complete.

Furthermore, please see the attached district policy, School Meal Program Arrears #3542.2, regarding unpaid meal balances.

Paper applications may be obtained at the Main Office of the school your child attends.

Thank you for your cooperation.

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Dear Parent/Guardian:

Children need healthy meals to learn. The **SOUTH RIVER BD OF ED** offers healthy meals every school day at the prices listed below. **Your children may qualify for free or reduced price meals and Summer EBT benefits.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$3.35	\$3.35	\$3.45	\$0.00	\$0.00	\$0.00
School Breakfast	\$1.65	\$1.65	\$1.65	\$0.00	\$0.00	\$0.00
After School Snack	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Special Milk Program	N/A	N/A	N/A	N/A	N/A	N/A
Split Session Milk Program	N/A	N/A	N/A	N/A	N/A	N/A

N/A - Not Applicable

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to <https://www.payschoolscentral.com/>.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS AND SUMMER EBT BENEFITS?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ**
- Foster children that are under the legal responsibility of a foster care agency or court
- Children participating in their school's Head Start program
- Children who meet the definition of homeless, runaway, or migrant
- Children may receive free or reduced price meals and Summer EBT benefits if your household's income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-2025			
Household Size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	9,953	830	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 and Summer EBT, please call or e-mail your school, homeless liaison or migrant coordinator.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one School Meals and Summer EBT 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. Return the completed application to one of your children's schools.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS AND SUMMER EBT? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
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 few 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 AND SUMMER EBT? Children in households participating in WIC may be eligible for free or reduced price meals and Summer EBT. Please 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 reduced price meals and Summer EBT 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

Hearing Officer Name: Johnny Rosa Address: 15 Montgomery Street, South River, NJ - 08882
 Phone Number: (732)613-4000 Ext: 1222

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 and Summer EBT.
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, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please 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.
16. MY FAMILY NEEDS MORE HELP. ARE THERE ANY OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to nj.gov/humanservices/njsnap/apply/ways/. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help,
call (732)613-4000 Ext:1222

Sincerely,

Signature: 

Name: Heather Lieberman

Title: Principal, Primary School

APPLY ONLINE: payschoolscentral.com

2024-2025 School Meals and Summer EBT Application (For Both Standard & CEP Schools/Sites)

RETURN TO (School/District Name): South River Board of Education

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

ADDRESS: 15 Montgomery Street, South River, NJ 08882

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	School	Grade	Foster Child	Migrant Worker	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"/>

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):

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			Public Assistance, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income			How often received?				
	Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly	Weekly	Every 2 Weeks	Monthly		
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member (if Applicable)

*Required if Applying for School Meals Only

Check if no SSN Check to Opt-out of Summer EBT Benefits

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 3x Month Monthly Annual

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

STEP 4 Contact information and adult signature

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here 15 Montgomery Street

"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 and/or Summer EBT benefits, and I may be prosecuted under applicable State and Federal laws. For Summer EBT Only: I certify that I am not already receiving Summer EBT benefits in another State.

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Email

Mailing Address (REQUIRED)

City State Zip

Phone

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 <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Pensions/Retirement/ All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular 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 wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust
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 		

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

Federal Income Eligibility Free Reduced Denied Yes No if Federal Denied: Eligible for NJEIE?

Categorical Eligibility

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 (FDPRI) 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.

Return completed form to your child's school.

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, 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:

* 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.

This institution is an equal opportunity provider.

How To Apply for School Meals and Summer EBT Benefits

Please use these instructions to help apply for School Meal Benefits and/or Summer EBT. You only need to submit one application per household, **even if your children attend more than one school in the South River Public Schools**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals and Summer EBT. Please follow these instructions in order! 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 Katy Ramos 732-613-4000 ext 1222

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) South River Public Schools

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one name in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle initial in the box

B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.

C) 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 foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or <https://www.nj.gov/humanservices/njsnap/>
- Temporary Assistance for Needy Families (TANF) or <https://www.state.nj.us/humanservices/dfd/programs/workfirstnj/>
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in Step 2 and go to Step 3.
- B) If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: <https://www.nj.gov/humanservices/dfd/counties/>
 - Go to Step 4.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "**Sources of Income**" & "**Examples of Income for Children**," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - 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.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household 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:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in Step 1.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **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.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their 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 Social Security Number." A Social Security Number is not required if you are **ONLY** applying for Summer EBT benefits.

7) Opt out of the Summer EBT Program.

Check the box to opt out of the Summer EBT Program. You will **not** receive Summer EBT benefits if you check this box.

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

For Summer EBT Only: By signing the application, the household member is certifying (promising) that they are not receiving Summer EBT benefits in another state.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Mail completed application to:

Insert School/District Address Here:
South River Board of Education
15 Montgomery Street, South River, NJ 08882

Optional

Share children's racial and ethnic identities (optional). On the back 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 school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get federal 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 School Meals and Summer EBT 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).

- No! I DO NOT want information from my School Meals and Summer EBT 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: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

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.

Book Policy Manual

Section Series 3000 Business and NonInstructional Operations

Title School Meal Program Arrears

Code 3542.2

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SOUTH RIVER BOARD OF EDUCATION
South River, New Jersey

FILE CODE: 3542.2

Policy

X	Monitored
	Mandated
X	Other Reasons

SCHOOL MEAL PROGRAM ARREARS

The South River School District meal program shall make a nutritionally adequate meal (breakfast and/or lunch) available to every student and shall operate on the most economically feasible basis. It shall be operated in strict compliance with all laws and regulations pertaining to health; sanitation and safety; internal accounting; employment practices; nutritional standards; costs of lunches; and periodic reporting required by New Jersey law.

The board of education believes that regularly consumed nutrition helps maintain the students' energy and facilitates concentration, supporting student achievement (see board policy 3542.1 Wellness and Nutrition). Therefore, it is the expectation of the board that students with the assistance of their parents/guardians come prepared for school each day with lunch/breakfast or meal money. Students repeatedly forgetting their lunch or their breakfast or lunch meal money may be subject to consequences including parent/guardian conference, loss of privileges and detention according to the school code of student conduct.

Qualified students whose families have a financial hardship may apply for assistance according to policy 3542.31 Free or Reduced Price Lunches, Milk. The procedures for the administration of the free and reduced price lunch program of this school district will be the same as those prescribed in current state and federal laws and regulations.

The board shall strive to make affordable lunches available to all students. Students who do not qualify for free or reduced price meals or milk may receive school lunch through the school meal program for a fee that is approved by the board. Any student who has a hardship but does not qualify for free and reduced price lunches or milk, may be considered for other assistance on a case by case basis.

The purchase of lunch through the school program shall be optional and shall not prevent any student from bringing their own lunch or breakfast to school.

The school business administrator shall be responsible for the accounting and tracking of revenues and expenses generated by the school meal program. The principal or his or her designee shall oversee the notification of parents/guardians for the payment of charges and arrears associated with the school lunch program. Being in arrears shall be defined as being behind in meal payments due, resulting in debt or liability to the district.

Procedures for Charging Lunch

In the event a student's school lunch or breakfast bill is in arrears, the principal or his or her designee shall contact the student's parent/guardian to provide notice of the amount in arrears and shall provide the parent/guardian a period of ten school days to pay the full amount due. If the student's parent/guardian does not make full payment to the school by the end of the ten school days, the principal or his or her designee shall again contact the student's parent/guardian to provide a second notice that their child's lunch or breakfast bill is in arrears and provide notice of any action to be taken by the school district in response to a student's school breakfast or school lunch bill being in arrears (N.J.S.A. 18A:33-21).

The building principal or his or her designee shall implement appropriate measures that ensure that students who cannot pay for a school breakfast or a school lunch or whose school breakfast or school lunch bill is in arrears shall not be publicly identified or stigmatized.

No district staff member shall:

- A. Publicly identify or stigmatize a student who cannot pay for a school breakfast or a school lunch or whose school breakfast or school lunch bill that is in arrears, for example, by requiring that the student sit at a separate table or wear a wristband, hand stamp, or identifying mark or by serving the student an alternative meal;
- B. Require a student who cannot pay for a school breakfast or a school lunch or whose school breakfast or school lunch bill that is in arrears to do chores or other work to pay for the school breakfast or school lunch; or
- C. Require a student to discard a school breakfast or school lunch after it has been served because of the student's inability to pay for a school breakfast or a school lunch or because money is owed for previously provided meals.
- D. Prohibit an unsubsidized student, or a sibling of such a student, from attending or participating in non-fee-based extracurricular activities, field trips, or school events, from receiving grades, official transcripts, or report cards, or from graduating or attending graduation events, solely because of the student's unresolved meal debt; or
- E. Require the parent or guardian of an unsubsidized student to pay fees or costs in excess of the actual amounts owed for meals previously served to the student.
- F. If a student owes money for the equivalent of five or more school meals, the district shall:

Determine whether the student is categorically eligible or income-eligible for free or reduced price meals, by conducting a review of all available records related to the student, and by making at least two attempts, not including the initial attempt at the beginning of the school year, to contact the student's parent or guardian and have the parent or guardian fill out a school meals application; and the principal, or a person designated by the principal shall contact the parent or guardian of the unsubsidized student to offer assistance with respect to the completion of the school meals application, to determine if there are other issues in the household that have caused the child to have insufficient funds to purchase a school breakfast or school lunch, and to offer any other appropriate assistance.

G. The district shall direct communications about a student's school breakfast or school lunch bill being in arrears to the parent or guardian and not the student. The district may send a student home with a letter addressed to a parent or guardian.

H. An unsubsidized student shall not be denied access to a school meal, regardless of the student's ability to pay or the status of the student's meal arrearages, during any period of time in which the school is making a determination as to whether the student is eligible for and can be certified to receive, free or reduced price meals.

Payment of Charges

The school business administrator shall be responsible for tracking and billing all lunch accounts in arrears. The following guidelines shall apply:

- A. Charges will show a negative account balance on the student's school lunch program account, and billed, at a minimum, quarterly to the parent/guardian;
- B. Payments on charges shall be brought directly to the main office or mailed to the main office;
- C. The payment shall be recorded and a receipt generated and given or mailed in acknowledgement of payment received according to the established district business procedures.

Implementation

At the beginning of the school year, and upon initial enrollment in the case of a student enrolling during the school year, the district shall provide to the parent or guardian of each student:

- A. Information on the National School Lunch Program and the federal School Breakfast Program including, but not limited to, information on the availability of free or reduced price meals for eligible students, information on the application and determination processes that are used to certify eligible students for subsidized school meals, and information on the rights that are available to students and their families ;
- B. An application to apply for the school lunch and school breakfast programs and instructions for completing the application;

The school meals information and application provided to parents and guardians shall:

- A. Be communicated in a language that the parent or guardian understands;
- B. Specify the limited purposes for which collected personal data may be used, as provided by subsection c. of this section; and
- C. Are submitted to the parent or guardian either in writing or electronically. In the latter case, the school district shall use the usual means by which it communicates with parents and guardians electronically.

A school meals application that is completed by a parent or guardian shall be confidential, and shall not be used or shared by the student's school or school district, except as may be necessary to:

- A. Determine whether a student identified in the application is eligible for free or reduced price school meals;
- B. Determine whether the school or school district is required to establish a breakfast after the bell program, or to participate as a sponsor or site in the federal Summer Meals Service Program;
- C. Ensure that the school receives appropriate reimbursement, from the state and federal governments, for meals provided to eligible students, free of charge, through a school lunch program, a school breakfast program, a breakfast after the bell program, a summer meals program, or an emergency meals distribution program; and
- D. Facilitate school aid determinations under the "School Funding Reform Act of 2008,"

The district liaison for the education of homeless children shall coordinate with school personnel to ensure that a homeless student receives free school meals and is monitored according to the board policies.

On a biannual basis, by January 31 and June 30, the district shall notify the State Department of Education and the State Department of Agriculture, via the School Nutrition Electronic Application and Reimbursement System of the number of students denied access to meals consistent with this Policy. The district shall also submit such information on its monthly SNEARS vouchers.

Nothing in this policy shall be construed to require a school district to deny or restrict the ability of an unsubsidized student to access school breakfast or school lunch when the student's school breakfast or school lunch bill is in arrears. The policy shall be reviewed regularly and updated as necessary.

Key Words

School Lunch, Food Service, Nutrition, Wellness

Adopted as Revised: May 26, 2022

Legal

[N.J.S.A. 18A 11-1: General mandatory powers and duties](#)

[N.J.S.A. 18A 18A-5: Exceptions to requirement for advertising](#)

[N.J.S.A. 18A 18A-6: Standards for purchase of fresh milk; penalties; rules and regulations](#)

[N.J.S.A. 18A 33-3: Food service bidding exemption](#)

[N.J.S.A. 18A 33-4: School lunch; availability to all children](#)

[N.J.S.A. 18A 33-5: Exemptions](#)

[N.J.S.A. 18A 33-21: Schools meals, notification to parent of payment in arrears before denying to student.](#)

[N.J.S.A. 18A 54-20: Powers of board](#)

[N.J.S.A. 18A 58-7.1: School lunch program](#)

[N.J.S.A. 18A 58-7.2: School lunch program; additional state aid](#)

[N.J.A.C. 2 36-1.1 et seq. Child Nutrition Programs](#)

[N.J.A.C. 6A 23A-16.5 Supplies and equipment](#)

[N.J.A.C. 6A 30-1.1 et seq. Evaluation of the Performance of School Districts](#)

[Healthy, Hunger-Free Kids act of 2010 Section 143](#)

Last Modified by Debra Napolitano on December 20, 2023