DAVIDSON COUNTY SCHOOLS FREE AND REDUCED MEAL APPLICATION 2016-2017
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:
Children need healthy meals to learn. **Davidson County Schools** offers healthy meals every school day. Breakfast costs **$1.50**; lunch costs **$2.75**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.30** for breakfast and **.40** for lunch. This packet includes an application for free or reduced price meal benefits, with instructions on the application. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from **Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPIR)** or **TANF/Work First**, are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's federally funded 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.

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, please call or e-mail **Stacy Sosebee-West**, **336-242-5781.**
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. Return the completed application to: **Davidson County Schools, Child Nutrition Office, P.O. Box 2057, Lexington, NC 27293; 336-242-5635.**
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 please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Davidson County Schools, Child Nutrition Department at (336) 242-5635 P.O. Box 2057, Lexington, NC 27293; lshoaf@davidson.k12.nc.us** immediately.
5. 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. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. 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 **www.lunchapplication.com** to begin or to learn more about the online application process. Contact **Lisa Shoaf, 250 County School Road, Lexington, NC 27292, 336-242-5635, lshoaf@davidson.k12.nc.us** if you have any questions about the online application.
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. 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 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: **Travis Smith, Davidson County Schools, PO Box 2057, Lexington, NC 27293 (336)-242-5635, lshoaf@davidson.k12.nc.us.**
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, please write 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, 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 **Davidson County Schools, Child Nutrition Department at (336) 242-5635 P.O. Box 2057, Lexington, NC 27293; lshoaf@davidson.k12.nc.us** 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 Food and Nutrition Services (FNS, formerly Food Stamps) or other assistance benefits, contact your local assistance office or call The Careline at 1-800-662-7030.

If you have other questions or need help, call **336-242-5635**.
Lisa Nelson, Child Nutrition Director, Davidson County Schools

FEDERAL INCOME CHART					
EFFECTIVE FOR SCHOOL YEAR JULY 1, 2016 - JUNE 30, 2017					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	$21,978	$1,832	$916	$846	$423
2	$29,637	$2,470	$1,235	$1,140	$570
3	$37,296	$3,108	$1,554	$1,435	$718
4	$44,955	$3,747	$1,874	$1,730	$865
5	$52,614	$4,385	$2,193	$2,024	$1,012
6	$60,273	$5,023	$2,512	$2,319	$1,160
7	$67,951	$5,663	$2,832	$2,614	$1,307
8	$75,647	$6,304	$3,152	$2,910	$1,455
Each additional household member add:					
	$7,696	$642	$321	$296	$148

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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. This institution is an equal opportunity provider.

PROOF

INSTRUCTIONS FOR COMPLETING APPLICATION

Section 1 – STUDENT INFORMATION: For each student, please print the student's name (first name, middle initial, last name), If this is a Foster, Head Start, Migrant, Runaway or Homeless child, mark the appropriate box [F] Foster, [Z] Head Start, [M] Migrant, [R] Runaway, [H] Homeless **and call Stacy Sosebee-West, 336-242-5781.** Enter the school name and grade. If the student receives income, please enter their gross income and how often it is received. In the income frequency box enter **A for annually, M for monthly, T for twice a month, E for every other week and W for weekly**.
Section 2 - BENEFITS: If any member of your household receives FNS, formerly known as Food Stamps; The Food Distribution Program on Indian Reservations (FDPIR) or Work First or Temporary Assistance for Needy Families (WF/TANF) mark the appropriate box below and provide the case number for the person who receives benefits and complete line 1 of Section 3 and complete the rest of the application. (If you are unsure of your FNS Case #, contact your local Department of Social Services to get the #). If no one receives these benefits, **SKIP TO PART 3**.
Section 3 - HOUSEHOLD INFORMATION: ALL HOUSEHOLDS MUST COMPLETE THIS PART. Please print the names of all Household Members, excluding the students listed above. The adult who is signing the form **MUST** be listed in line 1. Next to each person's name, enter the gross income (amount before deductions) each person earns and how often it is received. Use the income frequency box to enter **A for annually, M for monthly, T for twice a month, E for every other week or W for weekly**. List the amount that you normally receive. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. *All other income:* List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security (third column), and all other income sources. Next to the amount, write the frequency that the person receives it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Section 4 – SHARING OF BENEFITS INFORMATION (OPTIONAL): Answer this question if you choose to. (Sign in appropriate space if you answer this question)
Section 5 – ETHNIC AND RACIAL IDENTITIES (OPTIONAL): Answer this question if you choose to.
Section 6 – CONTACT INFORMATION, CERTIFICATION, SIGNATURE AND DATE: Print your mailing address, city, state and zip code and enter a daytime phone number where you can be reached. Print the last four digits of the Social Security Number of the adult household member who is signing the form. If the signing adult does not have a Social Security #, check the box. **Note: You DO NOT have to list the last four digits of the Social Security # if: your household receives benefits from FNS, FDPIR, TANF/Work First OR if any child in your household is homeless, a migrant, runaway, Head Start child OR if you are applying for household with only foster child(ren)**. After reading the certification, the form should be signed and dated. Include an email address on the line provided if you have one.

ALL APPLICATIONS MUST BE SIGNED AND DATED BY THE HEAD OF HOUSEHOLD LISTED IN SECTION THREE IN ORDER TO BE PROCESSED.

1. **RETURN TO**: After the Head of Household has completed and signed the application, **please tear along the perforated line** and **return the application to your child's school** or mail to: **Davidson County Schools, Child Nutrition Office, P.O. Box 2057, Lexington, NC 27293**. Keep the instruction page for reference.
2. **NOTIFICATION**: You will be notified in writing when the application is approved or denied. It may take ten working days to process your application.

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	**Examples**
-Earnings from work	-A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payments -Survivor's Benefits	-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
-Income from any other source	-A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS		
Earning from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All Other Income**
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) *-If you are in the U.S. Military* -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash Assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household