Stafford County Public Schools
Letter to Household 2026-2027

Dear Parent/Guardian:

Children need healthy meals to learn. Stafford County Public Schools offers healthy meals every school day. Student breakfast costs **$**1.65 **and** lunch costs ($2.95 elementary), ($3.05 middle), and ($3.15 high school). Your children may qualify for free or reduced-price breakfast and lunch meals. Reduced-price breakfast costs **$** .30 and reduced-price lunch costs **$** .40. For school year 2026-2027, the cost of reduced-price meals is being waived; therefore, students approved for reduced-price meals will NOT have to pay. Families are encouraged to complete meal application online at https://www.schoolcafe.com/SCPS-Nutrition. Paper copies of the meal application are also available at your student's school.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions ***prescribed*** by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact Nutrition Services at (540) 654-9040 for further information for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced-price meals based on the household's income. Children who are members of households participating in WIC **may** also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals **or** reduced-price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.**

FEDERAL INCOME GUIDELINES: Your child(ren) may be eligible for free meals or reduced-price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

INCOME CHART
For Free or Reduced-Price Meals
Effective July 1, 2026 to June 30, 2027

Household Size	**Yearly**	**Monthly**	**Weekly**
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
For Each Additional Family Member Add	10,508	876	203

HOW TO APPLY: Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. If you are not notified by July 31, 2026, you must submit an application. The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of **all** other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.

If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an application may not be required. Contact your child's school for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact your child's school for more information.

An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called

Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at **(540) 654-9040**. If you wish to review the final decision on your application, you also have the right to a fair hearing. You can request a hearing by calling or writing the following official: Chris Fulmer, 31 Stafford Ave, Stafford, VA 22554, (540) 658-6600.

REAPPLICATION: You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

If you need help filling out the application form, please contact Nutrition Services at (540) 654-9040. Return the complete, signed application to your child's school or Nutrition Services at 42 Blackjack Rd. Suite 101, Fredericksburg, VA 22405.

You will be notified when your child(ren)'s application is approved or denied.

Sincerely,

Brian K. Williams,
Executive Director of Nutrition Services

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, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Stafford County Public Schools
Inspire | Empower | Excel

2026-2027 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE *ONE APPLICATION* PER HOUSEHOLD

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
1							☐
2							☐
3							☐
4							☐
5							☐
6							☐

** If the student(s) you are applying for is a **FOSTER CHILD,** who is the legal responsibility of a welfare agency or the court, **check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.**

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: **SNAP or TANF Case Number** (Do not use 16 digit EBT card number): ☐☐☐☐☐☐☐☐☐☐☐☐ **(Case number is 7-12 digits)**

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and **call your school to talk with the homeless, migrant or runaway coordinator**.
☐ Homeless ☐ Migrant ☐ Runaway **Complete Parts 1, 4, 5, 6, and 7.**

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

List Gross Income before any deductions. Write in **how often** income is received. Use the following: **(W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly**

Names of all Household Members [Include the children in school above] Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.	Age	Earnings from Work Before Deductions: Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income, Self-Owned Business or Farm — Job 1 $ Amount/How Often	Earnings from Work Before Deductions — Job 2 $ Amount/How Often	Welfare, Child Support, Alimony: Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments $ Amount/How Often	Pensions, Retirement, Social Security: Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security $ Amount/How Often	All Other Income: Disability Benefits, Cash from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income $ Amount/How Often
EXAMPLE: *Jane Doe*	32	$ 1,800 / 2M	$ 0 /	$ 0 /	$ 0 /	$ 0 /
1.		$ /	$ /	$ /	$ /	$ /
2.		$ /	$ /	$ /	$ /	$ /
3.		$ /	$ /	$ /	$ /	$ /
4.		$ /	$ /	$ /	$ /	$ /
5.		$ /	$ /	$ /	$ /	$ /
6.		$ /	$ /	$ /	$ /	$ /
7.		$ /	$ /	$ /	$ /	$ /
8.		$ /	$ /	$ /	$ /	$ /
Total Household Members (Children and Adults) ☐☐						

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.
Ethnic Identities: Choose one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Racial Identities: Choose one or more of the following racial identities (in addition to ethnicity): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals. ☐ NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b. OTHERS: Your permission is required for the school to use this information for other benefits. **YES**, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.
☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved (Before signing, read the privacy and civil rights statements on the back of this application). 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 (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-☐☐☐☐ ☐ **I Do Not Have A Social Security Number** SIGN HERE

Last four digits of Social Security Number of Adult Signing Application **Signature of Adult Household Member** **Date**

Mailing Address: **Home Phone:**

City: **Zip Code:** **Work Phone:**

DO NOT WRITE BELOW LINE - SCHOOL USE ONLY

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: $_____/____ HOUSEHOLD SIZE _____ ☐ SNAP ☐ TANF ☐ Foster Child
☐ Approved Free ☐ Approved Reduced ☐ Other: _____
☐ Denied Reason: ☐ Income Too High ☐ Incomplete Application **Date Approval/Denial Notice Sent To Household:** _____ **Signature of Approving Official:** _____

Transferred/Withdrawn Date: **Transferred To:**

VERIFICATION SUMMARY: Date Selected: Date of Confirmation Review: Reviewer's Initials: Confirmation Result:
Date Response Due: Date of 2nd Notice: Date Verification Results Notice Sent:
Verification Results: ☐ No Change ☐ Free to Reduced ☐ Free to Paid ☐ Reduced to Free ☐ Reduced to Paid
Reason for Change: ☐ Income ☐ Household Size ☐ Refused to Cooperate ☐ SNAP/TANF Eligibility
Date: Verifying Official's Signature:

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete one application for ALL children in the household who are in schoo**l using the following instructions. Sign the application and return to 42 Blackjack Road Suite 101, Fredericksburg, VA 22405. Call the school nutrition office at (540) 654-9040 if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.
Parts 3 & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.
Part 4: Complete this part. See instructions for All Other Households, Part 4, below.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:
Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.
Parts 2, 3 & 4: Skip these parts.
Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.
If one or more children in the household are foster children and other children in the household are not foster children:
Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.
Part 2: If the household does not have a SNAP or TANF case number, skip this part.
Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.

- **Columns 1–3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- **Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.
Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 are 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.

USDA Nondiscrimination Statement

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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