Burgettstown Area School District

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS or THE SPECIAL MILK PROGRAM (SMP)

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

Dear Parent/Guardian:

Children need healthy meals to learn. Burgettstown Area School District offers healthy meals every school day. Breakfast is available at no charge to students. Lunch costs **$3.00 for Elementary and $3.10 for Middle/High School. Your child(ren) may qualify for free meals or for reduced price meals.**

During the 2026-2027 School Year, all schools participating in the School Breakfast Program (SBP) are to provide free breakfasts for all enrolled students. Additionally, students identified as eligible for reduced-price lunches through the National School Lunch Program (NSLP) will not be charged for their meals.

STOP If you have received a **NOTICE OF DIRECT CERTIFICATION** 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 benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) (cash assistance) are eligible for free meals.
- Foster children 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 the following chart.

Income Eligibility Reduced-Price Guidelines—July 1, 2025–June 30, 2026					
Family Size	**Annually**	**Monthly**	**Twice Per Month**	**Every Two Weeks**	**Weekly**
1	$28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member add:					
	10,175	848	424	392	196

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 **[SCHOOL/HOMELESS LIAISON/MIGRANT COORDINATOR].**

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: **[name, address, phone number].**

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 **[NAME/ADDRESS/PHONE NUMBER/EMAIL]** 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. to begin or to learn more about the online application process. Contact **[NAME/ADDRESS/PHONE NUMBER/EMAIL]** 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 30 days of this school year, through **October 16, 2026**. You must complete a new application unless the school told you that your child is eligible for the new school year. If you do not complete 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.

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 complete 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: **Stephen Puskar at 100 Bavington Road, Burgettstown, PA 15021 or (724) 947-8136.**

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

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, 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 [name, address, and phone number, email] 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 The Department of Human Services at **1-800-692-7462.**

If you have other questions or need help, call **(724) 947-8100.**

Sincerely,
Cheryl Christy

Disclaimer:

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 https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf , (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

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ennsylvania Household Application for Free and Reduced Price School Meals

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

RETURN TO (School/District Name):

ADDRESS:

TEP 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.**

st 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.

hild's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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

TEP 2 **Do any household members (including you) participate in: SNAP, TANF, or FDPIR?**

○ 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.

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

. 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.

ıme of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

ɔtal 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 forlist of income sources.

Child Income

ɔmetimes children in the household earn or receive income.
clude 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
$	☐	☐	☐	☐	☐

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

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 onfirm) 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."

int Name of Adult Signing the Form

Signature of Adult

Today's Date

ailing 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	
• Salary, wages, cash bonuses, tips, commissions • 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 • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits	• Social Security/Disability (including railroadretirement 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	• 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

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

Total Income _____

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
☐	☐	☐	☐	☐

Household size _____

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
☐	☐	☐

_____ 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.

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.

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* 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.**

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