Collier Youth Services
BELONGING • DIGNITY • HOPE

2026-2027 SCHOOL MEALS AND SUMMER EBT INFORMATION

Dear Parent/Guardian:

Children need healthy meals to learn. Collier School offers healthy lunches every school day. Your child(ren) may qualify for free or reduced-price school meals and Summer EBT benefits. Please review the information below and the enclosed 2026-2027 School Meals and Summer EBT Application and instructions.

2026-2027 Meal Prices

Program	Middle School	High School	Reduced Price
National School Lunch	$4.00*	$4.00*	$0.00
School Breakfast	N/A	N/A	N/A
After-School Snack / Special Milk	N/A	N/A	N/A

Apply online: https://www.payschoolscentral.com/ | Paper applications may be returned to Collier School, 160 Conover Rd., P.O. Box 300, Wickatunk, NJ 07765.

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

- Children in households receiving NJ SNAP or NJ TANF/WorkFirst-NJ benefits.
- Foster children under the legal responsibility of a foster care agency or court.
- Children participating in an eligible Head Start program.
- Children who meet the definition of homeless, runaway, or migrant.
- Children in households whose income is at or below the Federal Reduced-Price Meal limits shown below.

FEDERAL ELIGIBILITY INCOME CHART - SCHOOL YEAR 2026-2027

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
Each additional person	+$10,508	+$876	+$203

Important New Jersey note: Households above the federal reduced-price limits may still qualify for school meals at no charge under New Jersey Expanded Income Eligibility (NJEIE). NJEIE eligibility by itself does not qualify a child for Summer EBT; Summer EBT income eligibility is based on the federal free/reduced-price limits.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

If your household lacks a permanent address, is staying in a shelter, hotel, or other temporary housing arrangement, relocates seasonally, or includes a child who has left a prior family or household, contact Collier School so the appropriate status can be confirmed.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one School Meals and Summer EBT Application for all children in your household. The application must be complete before eligibility can be determined.

4. SHOULD I APPLY IF I RECEIVED A LETTER SAYING MY CHILDREN ARE ALREADY APPROVED?

No, if you received a current-school-year notice stating that your children are already approved for free meals and Summer EBT. Read that notice carefully. If a child in your household is missing, contact Collier School immediately.

5. CAN I APPLY ONLINE?

Yes. Collier families may complete the application online through PaySchools Central at https://www.payschoolscentral.com/. The online application requests the same required information as the paper application.

6. MY CHILD WAS APPROVED LAST YEAR. DO I NEED TO APPLY AGAIN?

Yes, unless Collier School has notified you that your child is eligible for the new school year. Prior-year free or reduced-price eligibility generally carries over for up to the first 30 operating days of the new school year or until a new eligibility determination is made, whichever occurs first.

7. I GET WIC. CAN MY CHILDREN GET FREE OR REDUCED-PRICE MEALS AND SUMMER EBT?

Children in households participating in WIC may be eligible. Please submit an application unless you have already been notified that your children are eligible for the current school year.

8. WILL THE INFORMATION I GIVE BE CHECKED?

Yes. Collier School may verify the information provided and may ask for written proof of household income or categorical eligibility.

9. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?

Yes. You may apply at any time during the school year if household circumstances change, such as a loss of employment or a reduction in income.

10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You may request a conference or a fair hearing. Hearing Officer: Eileen Littles, 160 Conover Road, Wickatunk, NJ 07765; 732-946-4771.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, and other household members do not have to be U.S. citizens to apply for school meal benefits or Summer EBT.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

Report the amount you normally receive. If you have lost a job or your hours or wages have been reduced, use your current income. Include regular overtime, but not overtime that is only occasional.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Enter 0 for income that a household member does not receive. Blank income fields are also treated as zero, so review the application carefully before signing.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Report basic pay and cash bonuses, and applicable cash allowances for off-base housing, food, or clothing. Do not include privatized housing allowances or additional combat pay resulting from deployment. Follow the detailed application instructions for military income.

15. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List additional household members on a separate sheet and attach it to the application, including all information required for those household members.

16. WHAT OTHER ASSISTANCE PROGRAMS MAY BE AVAILABLE?

For NJ SNAP, call 1-800-687-9512 or visit the NJ SNAP website. For NJ FamilyCare/Medicaid, call 1-800-701-0710 or visit www.njfamilycare.org. For WIC, call 1-800-328-3838 or visit the New Jersey WIC website.

17. WHAT SHOULD I KNOW ABOUT SUMMER EBT?

Summer EBT has separate federal eligibility rules. A household member signing the application certifies that the child is not already receiving Summer EBT benefits in another state. Dual participation is prohibited. If you intend to move or recently moved, follow the 2026-2027 application instructions regarding the state in which to apply.

18. WHAT IS THE MEDICAID / NJ FAMILYCARE SHARING FORM?

If your child receives federal free or reduced-price school meals, Collier School may share eligibility information with Medicaid or NJ FamilyCare unless you opt out. Completing the sharing-information opt-out form does not affect your child's school meal eligibility. Return that form only if you do not want the information shared.

THIS PACKET INCLUDES

- 2026-2027 School Meals and Summer EBT Application
- 2026-2027 Application Instructions
- Sharing Information with Medicaid / NJ FamilyCare opt-out form

Questions or assistance: Stacie Lesko, 732-946-4771 ext. 120

Sincerely,

This institution is an equal opportunity provider.

Stacie Lesko

Fiscal Director

Application #:

2026-2027 School Meals and Summer EBT Application (Standard & CEP Schools)

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

APPLY ONLINE: https://www.payschoolscentral.com/
RETURN TO (School/District Name): Collier School
ADDRESS: 160 Conover Rd. PO Box 300 Wickatunk, NJ 07765

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 [press space bar to advance]	School Name (Abbr.)	Grade	Foster Child	Migrant Worker	Runaway	Homeless
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Check all that apply

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

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

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

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

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work *	How often received? 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	How often received? Weekly / Every 2 Weeks / 2x Month / Monthly
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯
	$	◯ ◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯	$	◯ ◯ ◯ ◯

Total Household Members (Children and Adults) ☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (Required if Applying for School Meals Only) ☐☐☐☐

~ OR~ **Check if no Social Security Number** ☐

If you DO NOT want Summer EBT Benefits, check this box: ☐

B. Child Income

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

Child Income $

How often received? Weekly / Every 2 Weeks / 2x Month / Monthly / Annual ◯ ◯ ◯ ◯ ◯

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

School Meals: "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) that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Summer EBT: "I certify that I am not already receiving Summer EBT Benefits in another State."
A person found guilty of committing an Intentional Program Violation (IPV) will be ineligible to participate in the program as follows: First offense: One year; Second offense: Two years; Third offense: Permanent.

Print Name of Adult Signing the Form | Signature of Adult (Required) | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

Return completed form to your child's school.

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**	• A child has a regular full or part-time job where they earn a salary or wages
• 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 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	• 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 ☐

Federal Income Eligibility: Free ○ | Reduced ○ | Denied ○

If Federal Denied: Eligible for NJEIE? Yes ☐ No ☐

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf,** from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

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**

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

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)

A) List each child's name.	B) Is the child a student?	C) Do you have any foster children?	D) Are any children homeless, migrant, or runaway?
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	If "Yes," write the grade level of the student in the "Grade" column to the right.	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.	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, of 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:	**B) If anyone in your household participates in any of the above listed programs:**
• Check "No" in **Step 2** and go to **Step 3.**	• 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 (Decline) the Summer EBT Benefit.
Check the box to opt out (decline) the Summer EBT Benefit. 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. If you intend to move, or have recently moved, you should apply for benefits in the State where your child will complete or completed the school year immediately preceding the summer operational period.

Dual participation in the Summer EBT program is prohibited. This means that children may not receive multiple benefit allotments from the same State, or from more than one State, each summer.

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:**

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.