



**Dear Parent/Guardian:**

Children need healthy meals to learn. The Port Angeles School District offers healthy meals every school day. Meal prices are as follows:

<u>Grade Level</u>	<u>K-3</u>	<u>4-6</u>	<u>7-12</u>
Full-price Breakfast	1.00	1.00	1.25
Reduced-price Breakfast	0.00	0.00	0.00
Full-price Lunch	1.90	1.90	2.15
Reduced-price Lunch	0.00	0.40	0.40

*Here are answers to some questions you may have about applying:*

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all non-foster child 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 any one of your children's schools.
- 2. Who can get free meals?** Children in households who receive Basic Food or Temporary Assistance for Needy Families (TANF), take part in the Food Distribution Program on Indian Reservations (FDPIR), or are foster children. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call Director of Special Services at 457-8575 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on page 4 of this application.
- 5. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 6. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 7. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, or income goes down. If you lose your job, your children may be able to get free or reduced price meals.
- 8. 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: Executive Director of Business and Operations, 457-8575, 216 E. 4th Street, Port Angeles, WA 98362.
- 9. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 10. What if my income is not always the same?** List the amount that you normally get. 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. If you normally get overtime, include it, but not if you get it only sometimes. If you have varying income every month, please write down your yearly income from last year.
- 11. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions, please call Laurie Rentas at 360-565-3751.

## INSTRUCTIONS FOR APPLYING

**If your household gets Basic Food, TANF or FDPIR, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a Basic Food, TANF, or FDPIR case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**If you are applying for a HOMELESS, MIGRANT, OR RUNAWAY CHILD, check the appropriate box and contact Director of Special Services at 457-8575.**

**Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

**Free or Low Cost Health Insurance: Please sign the back of the second page at the bottom.**

Health coverage includes doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child(ren) has private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION SCHOOL YEAR 2010-2011

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Basic Food, TANF, or FDPIR case# (if any). Skip to Part 5 if you list a #

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box** and call Special Services Director at 457-8575. Homeless  Migrant  Runaway

**Part 3. Foster Child**  
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income — You must tell us how much and how often**

1. Name (List everyone in household)	2: Last month's income and how often it was received <i>Example: \$100/month \$100/twice a month \$100/every other week \$100/week</i>				3: Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pension, retirement, Social Security	All Other Income	
<i>(Example) Jane Smith</i>	\$200/month	\$150/month	\$100/month	\$600/month	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

**Part 5. Signature and Social Security Number (Adult must sign)**  
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's racial and ethnic identities (optional)**

<b>Mark one or more racial identities:</b>		<b>Mark one ethnic identity:</b>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	

**Don't fill out this part. This is for school use only.**

Total Income \$ \_\_\_\_\_ Household size \_\_\_\_\_ Basic Food/TANF/FDPIR \_\_\_\_\_ Foster Child \_\_\_\_\_  
 Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial: \_\_\_\_\_  
 Temporary Free \_\_\_\_\_ Expires on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart effective July 1, 2010, until further notice:**

Household Size	* Annual	** Month	*** Twice Per Month	**** Every Two Weeks	***** Weekly
1	\$20,036	\$ 1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional household member add:	+ 6,919	+ 577	+289	+267	+ 134

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**Privacy Act Statement: This explains how we will use the information you give us.**

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Basic Food Program, 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.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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**Free or Low Cost Health Insurance**

If you would like free or low-cost health insurance for your children, call Apple Health for Kids today to request an application: toll free 1-877-543-7669. The health coverage may include doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You may also find information or print an application at their website: <http://fortress.wa.gov/dshs/maa/applehealth/index.shtml>. Call or log-on today to receive more information.

