

# SUDBURY PUBLIC SCHOOLS

Dear Parent/Guardian:

Children need healthy meals to learn. **Sudbury Public Schools** offers healthy meals every school day. Breakfast costs **\$1.25**; elementary lunch costs **\$2.50**; middle school costs **\$2.75/\$3.00**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

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 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: **Rita Skog, Director of Food Services, 40 Fairbank Rd, Sudbury, MA 01776.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations]** or **[State TANF]**, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. CAN HOMELESS , RUNAWAY , AND MIGRANT CHILDREN GET FREE MEALS? If you haven't been told your children will get free meals, please call or e-mail **Rita Skog, Director of Food Services at 978-639-3228 or at Rita\_Skog@sudbury.k12.ma.us** to see if they qualify.
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 Eligibility Income Chart, shown on this application.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the Food Services Department at **978-639-3228** if you have questions.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.

6. 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.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year.
9. 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: **Mary Will, Director of Business and Finance at 978-639-3218.**
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
11. 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 living with you.

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.
13. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
15. 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, contact your local assistance office or call **1-866-950-3663**.

If you have other questions or need help, call **Rita Skog, Director of Food Services, 978-639-3228**.

*Si necesita ayuda, por favor llame al teléfono: **Rita Skog, Director of Food Services 978-639-3228**.*

*Si vous voudriez d'aide, contactez nous au numero: **Rita Skog, Director of Food Services, 978-639-3228**.*

**All forms must be returned to Rita Skog at the address below by September 1, 2010.**

Sincerely,

**Rita Skog,  
Director of Food Services  
Sudbury Public Schools  
40 Fairbank Rd.  
Sudbury, MA 01776**

# INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

If your household receives benefits from [STATE SNAP], or [STATE TANF] [OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], follow these instructions:

**Part 1:** List all household members, the school name for each child, and the case number for any household member (including adults) whose receiving [State SNAP] or [State TANF] or [FDPIR] benefits or.

**Part 2:** Skip this part.

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

**Part 1:** List all household members and the school name for each child.

**Part 2:** Check the appropriate box.

**Part 3:** Skip this part.

**Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

**Part 5:** Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

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

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, if the child has no income, check the box "no income."

**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 all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

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

**Part 3:** Skip this part.

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

- **Box 1—Name:** List all household members with income.
- **Box 2—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 other week, 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. 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), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer if you choose.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	[State SNAP], [FDPIR] or [State TANF] case number for any member of the household. If you list a case number, skip to Part 5	CHECK IF NO INCOME	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>				
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 <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$_____. <input type="checkbox"/> Check if no income. Skip to Part 5.				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
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 also must 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: \_\_\_\_\_ Print

name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

*Choose one ethnicity:*

Hispanic/Latino

Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

Asian

American Indian or Alaska Native

Black or African American

White

Native Hawaiian or other Pacific Islander

**DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year _____			
Household size	Yearly	Monthly	Weekly
1			
2			
3			
4			
5			
6			
7			
8			
Each additional person:			

**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 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.

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

## SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). 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 SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP 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 Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form 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: \_\_\_\_\_

For more information, you may call **Jennifer Neville** at **978-443-1085 ext 1106** or e-mail at **[jennifer\\_neville@sudburuy.k12.ma.us](mailto:jennifer_neville@sudburuy.k12.ma.us)**.

Return this form to: **Rita Skog at 40 Fairbank Rd., Sudbury, MA 01776 by September 1, 2010.**

## SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- 
- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
- 
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Sudbury Public Schools Transportation Department.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Sudbury Public Schools Sports Program.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Sudbury Public Schools School Activities Fees Fund.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Sudbury Public Schools Field Trip Fund.**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **The Sudbury Public Schools School Achievement Committee.**

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **Mary Will, Director of Business and Finance** at 978-443-1058 ext 3203 or e-mail at **Mary\_Will@sudbury.k12.ma.us**.

Return this form to: **Rita Skog, Director of Food Services, 40 Fairbank Rd., Sudbury, MA 01776** by **September 15, 2010**.

