

2009-2010 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

_____ Public Schools offer nutritious meals every school day. A student may buy breakfast for \$ _____, lunch for \$ _____, and afterschool snack for \$ _____. Meals are also available free or at a reduced price for eligible students. 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 get in touch with us for further information.

Children who are members of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or who receive Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court may also be eligible for benefits regardless of the income of the household with whom they reside. Eligibility for the foster child is based on the child'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 amounts on the income chart, your child(ren) may get free meals **or** your child(ren) may get reduced price meals for _____cents for breakfast, _____cents for lunch, and _____cents for afterschool snacks.

HOW TO APPLY

Households that are receiving SNAP or TANF for their children may not have to fill out an application. School officials will notify you of your child(ren)'s eligibility and they will be provided free benefits, unless you tell the school that you do not want benefits. **If you are not notified by (DATE), you must submit an application.** The application must contain the child's name, the SNAP or TANF 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 household members, the amount of income each person received last month, and how often the income is received. An adult household member **must sign the application and include his/her social security number. If the person does not have a social security number, check the box provided.**

If you are applying for a foster child, who is the legal responsibility of the courts, the application must have the child's name, the child's "personal use" income or an indication there is none, and the signature of an adult household member. Fill out a separate application for each foster child.

An application that is not complete cannot be approved. An application that is not signed is not complete.

Before applying, refer to this chart, which lists the maximum family income allowed to qualify for reduced price meals.

INCOME CHART			
Effective July 1, 2009 to June 30, 2010			
Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For Each Additional Family Member Add	+6,919	+577	+134

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.

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 the school nutrition office. You also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Name: _____ Phone: _____

Address: _____

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 THE SCHOOL YOUR CHILD(REN) ATTENDS OR THE CENTRAL SCHOOL NUTRITION OFFICE.

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

Sincerely,

Name: _____ Telephone #: _____

Non-discrimination Statement: 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.