

2020-2021 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call 518-632-5222 ext. 273 if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Hartford Central School District**
4704 State Route 149
Hartford, NY 12838

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check one or more) : American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

School Meal Programs 2020-2021

Children need healthy meals to learn. **Hartford Central School District** offers healthy meals every school day. Breakfast costs **\$1.00**; lunch costs **\$1.80**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for breakfast and **\$0.25** for lunch. To apply for free or reduced meals, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it, and return it to the school as soon as possible. We cannot approve an application that is not complete, so be sure to fill out all required information.

- 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.*
- 2. WHO CAN GET FREE MEALS?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, 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 Eligibility Guidelines.
- 3. CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail the school homeless liaison or migrant coordinator to see if they qualify.
- 5. 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.
- 6. 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 school at 632-5222, ext. 273 if you have questions.
- 7. 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 30 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.
- 8. 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 a FREE/REDUCED PRICE MEAL application.
- 9. WILL THE INFORMATION I GIVE BE CHECKED?** Yes, and we may also ask you to send written proof.
- 10. 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.
- 11. 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: Andrew Cook, Superintendent of Hartford Central School, PO Box 79, Hartford, NY 12838, phone 632-5222.
- 12. 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.
- 13. 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) who share income and expenses. You must include yourself and all children living with you.
- 14. 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 15. 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.
- 16. 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.
- 17. 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 **1-800-342-3009**.

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals/Milk (formerly Direct Certification Letter) received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to the Cafeteria Manager. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approval of your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

1. Print the names of the children, including foster children, for whom you are applying on one application.
2. List their grade and school.
3. Check the box to indicate a foster child is living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS RECEIVING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART

1. List a current Food Stamp, TANF, or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
2. An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PART 3 Before completing an application for a child who may be homeless, a migrant education student, or runaway, please call your school's homeless liaison or migrant education coordinator: Mrs. Wendy Harrington at (518) 632-5222 ext. 505

PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5

- (1) Write the names of everyone in your household, whether or not they receive income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if additional space is needed.
- (2) Write the amount of current income each household member receives, before taxes or anything else taken out, and indicate where it came from, such as earnings, welfare, pensions, and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received; weekly, every other week (bi-weekly), 2 x per month, monthly. In no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Developmental Block Grant; TANF; and At Risk Child Care Programs should not be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who is signing PART 5 if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced meals. You must include the last four digits of the social security numbers of the adult household member signing the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance, of 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.

DISCRIMINATION COMPLAINTS

The U.S. Department of Agriculture (USA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, family or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment).

If you wish to file a Civil Rights complaint or discrimination, complete the USDA Program Complaint Form (PDF), found online at www.usda.gov/complaint; at any USA office; or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form: Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave., S.W. Washington, D.C. 20250-9410, by fax at (202) 690-7442 or e-mail at program.intake@usda.gov.

**2020-2021 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

Free Eligibility Scale						Reduced Price Eligibility Scale					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 16,588	\$ 1,383	\$ 692	\$ 638	\$ 319	1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	\$ 22,412	\$ 1,868	\$ 934	\$ 862	\$ 431	2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
3	\$ 28,236	\$ 2,353	\$ 1,177	\$ 1,086	\$ 543	3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
4	\$ 34,060	\$ 2,839	\$ 1,420	\$ 1,310	\$ 655	4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
5	\$ 39,884	\$ 3,324	\$ 1,662	\$ 1,1534	\$ 767	5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
6	\$ 45,708	\$ 3,809	\$ 1,905	\$ 1,758	\$ 879	6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
7	\$ 51,532	\$ 4,295	\$ 2,148	\$ 1,982	\$ 991	7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
8	\$ 57,356	\$ 4,780	\$ 2,390	\$ 2,206	\$ 1,103	8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
Each Add'l person add	\$ 5,824	\$ 486	\$ 243	\$ 224	\$ 112	Each Add'l person add	\$ 8,288	\$ 691	\$ 346	\$ 319	\$ 160

BOTH of the above income eligibility scales should appear in the Public Announcement/release to the media (Attachment II)

ONLY the reduced price income eligibility scale can appear in the Letter to Parents (for those schools participating in the National School Lunch or Breakfast Program). (Attachment VII)

ONLY those schools that participate in the Special Milk Program and offer Free Milk can publish the Free Eligibility Scale in both the Public Announcement and the Letter to the Parent.

Please note: Incomes indicated on the free and reduced price eligibility scales are maximum amounts.