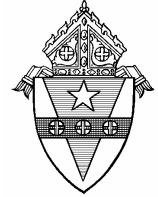


ARCHDIOCESE OF PHILADELPHIA

Nutritional Development Services
111 South 38th Street
Philadelphia, PA 19104



Dear Parent or Guardian:

Children need healthy meals to learn. Your School **offers healthy meals every** school day. Breakfast costs \$.75; lunch costs \$1.90 for elementary and \$2.00 for Junior High; snacks costs \$.50. Extra milk may be purchased for \$.40. However your *children* may qualify for free meals or for reduced price meals. Reduced price is \$.30 for *breakfast*, \$.40 for *lunch* and \$.15 for *snack*.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed . We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the school.**

Here are answers to questions you may have about applying:

- 1. Do I need to fill out an application for each child?** No. Use one Free or Reduced Price Household Application for all students in your household. Use a Separate application for each foster child. Be sure to fill out all required information.
- 2. Who can receive free meals?** Children in households receiving Food Stamps or TANF and most foster children can receive free meals regardless of your income. Also, your children can receive free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children receive free meals?** Please call your school to see if your child(ren) qualify(s), if you have not been informed that they will receive free meals.
- 4. Who can receive reduced price meals?** Your children can receive low cost meals if your household income is within the reduced price limits on the Federal 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 or reduced price meals?** Please read the letter you received carefully and follow the instructions. Call your school if you have questions.
- 6. I receive WIC. Can my child(ren) receive 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, we may 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 if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your children may be able to receive free or reduced price meals.
- 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: Nutritional Development Services at the address at the top of this letter, or (215)895-3470. Please ask for **Ale Quintana-Camargo**.
- 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 a U.S. citizen 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 who live with you.
- 12. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime, include it, but not if you receive it only sometimes. 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.**
- 13. 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 or need help, call (215) 895-3470 and ask for **KrisCynthia Archie**
Si necesita ayuda, por favor Llame al telefono: (215) 895-3470 y pregunta por **KrisCynthia Archie**

Sincerely,

Administration School Based Programs

Free and Reduced Price School Meals Application July 2009
Letter to Households

YOU MUST FILL OUT A NEW APPLICATION EVERY YEAR

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

FEDERAL INCOME CHART			
For School Year July 1, 2009 - June 30, 2010			
Household size	Yearly	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
Each additional person:	+6,919	+577	+134

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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list the nine digit Food Stamp or TANF record numbers for all children you are applying for, OR if you are applying for a foster child, OR applying for a child on Food Distribution Program on Indian Reservations (FDPIR). You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to determine if your children are 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 evaluate, fund, or determine benefits for programs. We may also share your income information with auditors,

Non-discrimination Statement: This explains what to do if you believe your application for free and reduced price meals 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, disability or retaliation. If you require this information in alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD). If you require information about this program, activity or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410* or call, toll free, (866) 632-9992 (voice and TDD) users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



September 2009

Dear Parent or Guardian:

To apply for free and reduced price meals/snacks, complete one Meal Benefit Application for all children attending school using the following instructions. Sign and return the Meal Benefit Application to the School. If you have any questions, please contact **KrisCynthia Archie at (215) 895-3470**.

INSTRUCTIONS FOR APPLYING

If your household receives FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(dren)'s name, date of birth, school, grade, and a Food Stamp or TANF record number. (9 digits)
- Part 2:** Check the appropriate box, if any, and contact your homeless liaison or migrant coordinator.
- 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 the child(ren)'s is/are Migrant, Homeless, Runaway, check the appropriate box and contact your school. 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, date of birth, 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 this instructions:

- Part 1:** List each child's name, date of birth, school and grade.
- Part 2:** Check appropriate box, if any, and contact your homeless liaison or migrant coordinator.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total income from last month.
 - Column 1-Name:** List the last and first 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 received it (weekly, every other week, twice a month, or monthly.) All other income: List the amount each person received last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME (fourth column). In the All Other Income column, include Worker's compensation, unemployment, strike benefits, regular savings account withdrawals, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, 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 received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3- Box Must be check if no income:** If no one in the household has an income, a letter explaining how you are living **MUST** be enclose.
- Part 5:** An adult household member **MUST SIGN** the form and **MUST LIST** his or her **NINE DIGIT** Social Security Number, or mark the box if he or she does not have one.
- Part 6:** Answer this question if you choose to.

**FREE AND REDUCED PRICE SCHOOL MEALS/SNACK FAMILY APPLICATION
PLEASE PRINT**

Site # _____

Part 1. Children in School (Use a separate application for each foster Child)					
Names of all children attending this school	Date of birth	School Name	Grade	Room No.	Food Stamp or TANF nine digit RECORD # (if any). Skip to part 5 if you list a Food Stamp or TANF #.
Last First Middle Initial					

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your homeless liaison or migrant coordinator.
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. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week 100/weekly				3. Box MUST be check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other Income	Enclose a letter explaining how you are living if no one in your household has an income
(Example) Jane Smith	\$200 /weekly	\$150/weekly	\$100/monthly		<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: X _____ Print Name: _____

Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Address: _____

City/State/Zip: _____

Home phone No.: (____) _____ Work phone No.: (____) _____ Date: _____

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

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

DO NOT WRITE BELOW THIS LINE. 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 for Denial: Income too high _____
 Incomplete Application _____ Other _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature _____ Date: _____ Follow-up Official's Signature: _____ Date: _____