



Child Nutrition

FUELING THE HUNGER FOR LEARNING

536 Hamilton Street, Roanoke Rapids, NC 27870

252-519-7119 252-519-7120

Dear Parent/Guardian:

Children need healthy meals to learn. The Roanoke Rapids Graded School District offers healthy meals every school day. Breakfast costs \$ 1.00; lunch costs \$1.75 at the elementary schools and \$2.00 at the middle and high schools. Your children may qualify for free meals or reduced price meals. Reduced price is .30 for breakfast and .40 for lunch at all schools.

1. **Do I need to fill out an application for each child? NO. Complete 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 carefully follow the “application instructions” and fill out all required information. **Return the completed application to your youngest child’s school or mail to: RRGSD Child Nutrition Program, 536 Hamilton Street, Roanoke Rapids, NC 27870.**
2. **Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. 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 the Child Nutrition office at 519-7119 or 519-7120 to see if your child(ren) qualify, if you have not already 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 this application.
5. **Should I fill out an application if I got a letter saying my children are approved for free or reduced price meals for the 2009-2010 school year?** Please read the letter you got carefully and follow the instructions. Call the Child Nutrition office at 519-7119 or 519-7120 if you have questions.
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, 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, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
9. **What if I disagree with the school’s decision about my application?** You should first talk to the child nutrition department. You also may ask for a hearing by calling or writing to: Dennis Sawyer, Superintendent; 536 Hamilton Street, Roanoke Rapids, NC 27870, phone 519-7100.
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 get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900.00, 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 are a 10-month employee, you should report your annual income.**
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 allowance as income. All other allowances must be included in your gross income.

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

If you have other questions or need help, call 519-7119 or 519-7120

Si necesita ayuda, por favor llame al telefono: 519-7119 or 519-7120

Sincerely,
Leann Seelman
Child Nutrition Director

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 Food Stamp 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. 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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FEDERAL INCOME CHART					
For School Year 2009-2010					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036.00	1,670.00	835.00	771.00	386.00
2	26,955.00	2,247.00	1,124.00	1,037.00	519.00
3	33,874.00	2,823.00	1,412.00	1,303.00	652.00
4	40,793.00	3,400.00	1,700.00	1,569.00	785.00
5	47,712.00	3,976.00	1,988.00	1,836.00	918.00
6	54,631.00	4,553.00	2,277.00	2,102.00	1,051.00
7	61,550.00	5,130.00	2,565.00	2,368.00	1,184.00
8	68,469.00	5,706.00	2,853.00	2,634.00	1,317.00
Each additional person:	6,919.00	577.00	289.00	267.00	134.00

INSTRUCTIONS FOR APPLYING

Please provide all requested information or the application will be RETURNED.

PLEASE PUT ALL STUDENTS IN YOUR HOUSEHOLD ON ONE FORM **(THROW AWAY ANY EXTRA FORMS YOU MAY RECEIVE)**

To apply for free and reduced-price meals, complete the application using the instructions below, sign your name and return the application to the Child Nutrition office or to your youngest child's school. If you need help filling out the application, call the Child Nutrition Office at 519-7119 or 519-7120.

Don't Wait!! Send your completed application to school as soon as possible!

If your household gets FOOD STAMPS or TANF, follow these instructions:

- PART 1:** List each child(ren)'s name, school, grade and the Food Stamp or TANF Case Number by the name of **EACH** child that receives benefits. **Note: The EBT Card number is not acceptable. If you are unsure of your Food Stamp Case Number, contact your local Department of Social Services to get the number.**
- PART 2:** Check the appropriate box, if any.
- PART 3:** Skip this part.
- PART 4:** Skip this part.
- PART 5:** Complete Part 5. Sign and date the form. A Social Security Number is not required.
- PART 6:** Answer this question if you choose to.

Check the appropriate box and contact the Child Nutrition Office at 519-7119 or 519-7120 if you think you may qualify because you are a homeless, run-away or migrant student. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a court appointed 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 write the child's personal use monthly income, if any. Write "0" if the child has no income.
- PART 4:** Skip this part.
- PART 5:** Complete Part 5. Sign and date the form. A Social Security Number is not required.
- 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.
- Column 1-NAME** - List the first and last names 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, **including any names listed in Part 1**. Attach a separate sheet of paper if you do not have enough space.
- 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, (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, **including a child**, does not have any income, check the "no income" box. **If the box is not checked, the application will not be approved.**
- 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. Please provide your address and phone number.
- PART 6:** Answer this question if you choose to.

If you get food stamps or TANF and received a letter this summer approving your children for meal benefits, YOU DO NOT NEED TO SUBMIT ANOTHER APPLICATION.

If you have **not** been notified and wish to apply for benefits, please complete only ONE APPLICATION PER HOUSEHOLD (for foster children see Part 3).

COMPLETE AND RETURN IMMEDIATELY TO RECEIVE MEAL BENEFITS

CAREFULLY READ THE "INSTRUCTIONS FOR APPLYING" AND PROVIDE ALL REQUIRED INFORMATION

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
Roanoke Rapids Graded Schools 2009-2010**

Part 1. Children in School (Use a separate application for each FOSTER child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF Case Number (EBT card number is NOT acceptable). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Child Nutrition office at 252-519-7119 or 252-519-7120. Homeless Migrant Runaway

Part 3. Foster Child (Use a separate application for EACH court appointed 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 income: (\$ ____ . ____ per ____) **If the foster child has no income, write 0, zero or none in the blank.** Skip to Part 5.

Part 4. Total Household Gross Income—If any child or adult in the household has no income, you **MUST** check the "No Income" Box in question 3 on the application; if the box is not checked, the application **will not** be approved.

1. Name of every household member (List everyone in the household, even if already listed in Part 1)	2. Gross income and how often it was received. (Use exact income including cents.) <i>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<input type="checkbox"/>
	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	\$ ____ . ____ per ____	<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 attached Letter to the Household.)

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: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

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

Mark one or more racial identities: Asian American Indian or Alaska Native White Black or African American Other
Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander

DO NOT 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: _____ Follow-up Official's Signature: _____ Date: _____

SHARING INFORMATION WITH MEDICAID/SCHIP

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).

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

SHARING INFORMATION WITH OTHER PROGRAMS

To save you time and effort, the information you gave on your Free & Reduced 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 **School Officials for fee waivers for the Duke TIP program.**

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **School Counselors for fee waivers for College Entrance Exams.** (ex. AP, PSAT, SAT, ACT)

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: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Leann Seelman** at **519-7120**.

**Return this form to your youngest child's school or mail to:
Roanoke Rapids Graded School District CHILD NUTRITION, 536 HAMILTON STREET, ROANOKE RAPIDS,
NC 27870**

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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.