

ARCHDIOCESE OF PHILADELPHIA

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



September 2005

Dear Parent or Guardian:

Children need healthy meals to learn. Your school **offers nutritious meals every** school day. Breakfast costs \$0.70; lunch costs \$1.70 for elementary and \$1.80 for junior high; snacks cost \$0.50. Extra milk may be purchased for \$0.30. However, your *children* may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast, \$0.40 for lunch and \$0.15 for snack.

To apply for free or reduced price meals, use the Free and Reduced Price 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 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.
2. **Who can get free meals?** Children in households getting 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 will 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 at (215) 895-3470. Please ask for **Donna Fanelli**.
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 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 teléfono: (215) 895-3470 pregunta por **KrisCynthia Archie**.

Si vous voudriez d'aide, contactez nous au numéro; (215) 895-3470 et demandez **KrisCynthia Archie**.

Sincerely,

Bonnie Baehr
Administration School Based Programs

**Free and Reduced Price School Meals Application 2005
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			
School Year: July 1, 2005 – June 30, 2006			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
Each additional person	6,031	503	116

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. 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 see if your children are eligible for free or reduced price meals. We MAY share your eligibility information with education, health, and nutrition programs to evaluate, fund, or determine benefits for programs. We may also share you income information with auditors, or law enforcement officials to help them look into misuse of program rules.

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, or disability. 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 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



September 2005

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 question, please contact **Krisynthia Smith at (215) 895-3470**.

INSTRUCTIONS FOR APPLYING

If you household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(ren)'s name, school, and Food Stamp or TANF record number.
- Part 2:** Check the appropriate box, if any.
- 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 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 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 these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total income from last month.
 - Column 1 - Name:** List the first and last 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 they 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 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 total amount each person received last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME (forth column). In the All Other Income 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 received 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 does not have any income, check the box.
- 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.
- Part 6:** Answer this question if you choose to.

