

**LETTER TO HOUSEHOLDS**

**DEAR PARENT OR GUARDIAN:**

The Polk County School System participates in the National School Lunch Program/School Breakfast Program. Nutritious meals are served every school day. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. Students may purchase meals at the prevailing prices. If a child has been determined by a doctor to have a disability and the disability prevents the child from eating the regular school meal, the school will make any substitutions prescribed by a doctor at no extra charge. Please note, however, that the school is not required to make substitution for a food allergy, unless it meets the definition of disability. Please contact us for further information.

If you now get food stamps or Temporary Assistance for Needy Families for the child you are applying for, the child can get free meals. If your total household income is the same or less than the amounts on the Income Chart, the child can get free meals or reduced price meals. A foster child may get free or reduced price meals regardless of your income.

**HOW DO I RECEIVE FREE OR REDUCED PRICE MEALS FOR MY CHILD**

**Complete an application for Free & Reduced Price School Meals**

If My Child	Provide the following information
Receives TANF or Food Stamps	<ul style="list-style-type: none"> <li>• Child's name</li> <li>• TANF or Food Stamp number</li> <li>• Signature of adult household member</li> </ul>
Is a foster child	<ul style="list-style-type: none"> <li>• Child's name</li> <li>• Child's monthly personal use income (if any)</li> <li>• Signature of adult household member or appropriate official</li> </ul>
Is not a foster child and Does not receive Food Stamps Or TANF	<ul style="list-style-type: none"> <li>• Child's name</li> <li>• Names of all other household members</li> <li>• Amount and source of each household member's income received in the past month</li> <li>• Signature of an adult household member and that adult's social security number. If the adult household member signing the application does not have a social security number, write NONE.</li> </ul>

- **VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that the child should receive free or reduced price meals.
- **FAIR HEARING:** You may talk to school officials at **(863) 534-0588** if you do not agree with the school's decision on your application or the results of verification. You may also ask for a fair hearing. You may do this by calling or writing: Jim Thornhill, P.O. Box 391, Bartow, FL 33831. Telephone (863) 534-0521.
- **REPORTING CHANGES:** If the child receives free or reduced price meals because of your income, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If the child receives meals based on food stamps or TANF information, you must tell the school if you no longer receive food stamps or TANF for the child. You may then fill out another application giving income information.
- **CONFIDENTIALITY:** School officials use the information on the application to decide if the child should receive free or reduced price meals. Unless indicated otherwise on the application, the information on the free and reduced price meal application may be used by the school system in determining whether the child is eligible for other educational programs.
- **REAPPLICATION:** You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like decrease in household income, an increase in household size, become unemployed or get food stamps or TANF for the child, please complete a new application.

In accordance with the Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discrimination 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, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,

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Superintendent of Schools

**(turn over)**

**FLORIDA INCOME ELIGIBILITY GUIDELINES  
REDUCED PRICE MEALS  
EFFECTIVE FROM JULY 1, 2002 THRU JUNE 30, 2003**

<u>HOUSEHOLD SIZE</u>	<u>ANNUALLY</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
1	16,391	1,366	316
2	22,089	1,841	425
3	27,787	2,316	535
4	33,485	2,791	644
5	39,183	3,266	754
6	44,881	3,741	864
7	50,579	4,215	973
8	56,277	4,690	1,083
For each Additional Family Member, add	+5,698	+475	+110

**INSTRUCTIONS:**

To apply for free and reduced price meals, complete the application using these instructions. Sign the application and return the application to the school.

**Part 1 – STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.**

1. Print the name of the child you are applying for.
2. List the child's grade and school.
3. Complete a separate application for each child.

**Part 2 – HOUSEHOLDS RECEIVING FOOD STAMPS OR TANF: COMPLETE THIS PART AND PART 5.**

1. List a current food stamp or TANF case number for the child.
2. Sign the application in Part 5. An adult household member must sign. Skip Part 4 – DO NOT list names of household members, income or social security number if you list a food stamp or TANF case number for each child.

**Part 3 – HOUSEHOLDS WITH FOSTER CHILDREN: COMPLETE THIS PART AND PART 5 – A foster child is the legal responsibility of a welfare agency or court.**

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income.
2. A foster parent or other official representing the child must sign the application in PART 5. You do not have to list a social security number.
3. Complete a separate application for each foster child.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

**Part 4 – ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 5.**

1. Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household.
2. Write the amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. If anyone is self-employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the school if you need help.
4. An adult household member must sign the application and give his/her social security number in PART 5. If the adult signing the form does not have a social security number, write "none".

To Figure Monthly Income: Weekly x 4.33 / Every 2 Weeks x 2.15 / Twice a Month x 2

**Part 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.**

1. All applications must have a signature of an adult household member;
2. The application must have a social security number of the adult who signs. If the adult does not have a social security number, write "none" to show that the adult does not have a social security number. If you listed a food stamp or TANF number for the child or if you are applying for a foster child, a social security number is not needed.

**Part 6 – OTHER BENEFITS**

Complete this part if you would like Medicaid or the State Children's Health Insurance Program for your child. Information regarding your child's application for free or reduced price meals will be shared. A parent **MUST** sign this section of the application.

**Part 7 – RACIAL/ETHNIC IDENTITY:** Complete the racial/ethnic question if you wish. You are not required to answer this question to get free or reduced price meals. We need this information to make sure that everyone is treated fairly.

**INCOME TO REPORT**

EARNINGS FROM WORK

Wages/Salaries/Tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net Income from self-owned  
business or farm

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions  
Supplemental Security Income  
Retirement Income  
Veteran's payments  
Social Security

OTHER INCOME

Disability benefits  
Cash withdrawn from savings  
Interest/Dividends  
Income from Estates/Trusts/  
Investments  
Regular contributions from  
persons not living in the  
household  
Net royalties/annuities/net rental  
income  
Military allowance for off-base  
housing  
Any other income

Welfare/Child Support/Alimony

Public assistance/welfare payments  
Alimony/Child Support Payments