

LETTER TO HOUSEHOLD

School Year: _____

Dear Parent/Guardian:

Children need healthy meals to learn. _____ Public Schools offers healthy meals every school day. Breakfast costs \$ _____; lunch costs \$ _____. Your children may qualify for free meals or for reduced-price meals. Reduced-price charges are \$ _____ for breakfast and \$ _____ for lunch.

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 Application for Free and Reduced-Price Meals for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:**

_____ **P u b l i c**
Schools, _____
(Address) () (Phone Number)

2. **Who can get free meals?** Children in households getting **Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program)**, Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), and most foster children can get free meals regardless of your income. Also, your children can get free 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 _____ School, Homeless Liaison, or Migrant Coordinator

to see if your children qualify if you have not 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 Guidelines.

5. **Should I fill out an application if I was told this school year that my children are approved for free or reduced-price meals?** Call the school at () _____ if you have questions.

6. **I get Women, Infants, and Children (WIC). Can my children 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 do not qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income comes down, or if you start getting **SNAP**, TANF, or FDPIR 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 talk to school officials. You also may ask for a hearing by calling or writing to:

_____ **Public Schools,**
(Address) () (Phone Number)

10. **May I apply if someone in my household is not a United States citizen?** Yes. You or your children do not have to be a United States 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 \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

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 any other questions, or need help, call () _____ .

Sincerely,

LETTER TO HOUSEHOLD INSTRUCTIONS FOR APPLYING

*If your household gets **SNAP (formerly the Food Stamp Program)**, TANF, OR FDPIR, follow these instructions:*

- Part 1:** List children's names, schools, grades, birth dates, and **SNAP**, TANF, or FDPIR case numbers.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A social security number is not necessary.
- Part 5:** Answer this question if you so choose.
- Part 6:** Other Benefits: Your children may be eligible for a new *health insurance program for children (Sooner Care Benefits)*. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.

*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, school, grade, and birth date.
- Part 2:** Check the box, and list the child's personal use monthly income. Write **ZERO** if the foster child does not get personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A social security number is not necessary.
- Part 5:** Answer this question if you so choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, grade, and birth date.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household 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 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 Income* column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's (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 does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her social security number or mark the box if he or she does not have one.
- Part 5:** Answer this question if you so choose.
- Part 6:** Other Benefits: Your children may be eligible for a *health insurance program (Sooner Care Benefits)*. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.