

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
Elementary	\$1.50	\$2.50	\$0.00	\$Free	\$Free	\$0.40	\$0.00
Secondary	\$1.75	\$2.75	\$0.00	\$Free	\$N/A	\$0.40	\$0.00
	\$	\$	\$	\$	\$	\$	\$

WHO SHOULD FILL OUT AN APPLICATION?

Fill out the application if:

- total household income is the SAME or LESS than the amount on the chart
- you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- you are applying for a foster child

Turn in the application to your child's school or to the Child Nutrition Office. Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?

Look at the income chart below*. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children MAY be eligible for free and reduced-price meals regardless of your income. Each foster child needs their own application. If you have questions about applying for meal benefits for foster children, please contact us at 253-891-6450.

INCOME CHART					
Effective from					
July 1, 2009 until further notice.					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each Additional member add:	+6,919	+577	+289	+267	+134

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income.

*These are 2009-2010 Income Guidelines and are subject to change.

WHAT MUST BE ON THE APPLICATION?

For households not getting any assistance:

- Child's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 5. Part 6 and 7 are optional.

For a foster child: (one per application)

- Child's name
 - Child's personal use income
 - Adult household member's signature
- Complete Part 4 and 5. Parts 6 and 7 are optional.

For a family getting Basic Food/TANF/FDPIR:

- Child's name
 - Basic Food, TANF, or FDPIR case number
 - Adult household member's signature
- Complete Parts 1 and 5. Parts 6 and 7 are optional.

DON'T MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. TANF and Basic Food staff at the Department of Social and Health Services (DSHS) send a list of children on these programs to the Office of Superintendent of Public Instruction (OSPI). OSPI matches the children on this list to our list of enrolled students that your child's school has reported to us. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and aren't.

If you do not want your child to participate in the free meal programs using this method, please notify the school.

IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to http://www.foodhelp.wa.gov/basic_food.htm.

APPLE HEALTH FOR KIDS (FREE OR LOW-COST HEALTH INSURANCE)

If you would like information about Apple Health for Kid's free or low-cost health insurance for your children, please call to request an application at toll free 1-877-543-7669 or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Apple Health for Kids may include health coverage for doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child has other health insurance, they may still be eligible for help with the monthly premium, co-pays or deductibles.

WHAT IF MY CHILD NEEDS SPECIAL FOODS?

All meals served meet the federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge if your child's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Karen Brown, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 253-891-6450.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

6. Children's Racial And Ethnic Identities (Optional)

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

7. Other Benefits

If you would like information on Apple Health for Kids free or low-cost health insurance for children, please call toll free 1-877-543-7669 to request an application or fill out and print an application online at: <http://hrs.a.dshs.wa.gov/applehealth/index.shtml>.

You must check the box by each program that you would like to share the information on the application with:

- Sports/Athletics
- Music/Choir
- Summer School

By signing below, I allow the information contained on this application to be shared with the programs I have checked above.

Parent/Guardian Signature

Date

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 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 Supplemental Nutrition Assistance Program (Basic Food), 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.

SCHOOL USE ONLY

DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size _____

Total Household Income \$ _____

Income Approved by (circle one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Reduced-Price

Date Temporary _____

Approval Expires: _____

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			
INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	
Date of Change _____		Date Adverse Notice Sent _____	
Signature of Verifying Official _____		Date _____	