

TO : School District Offices

FROM : Thomas P. Pfisterer, R.D.

DATE : July 6, 2013

Here is the Free/Reduced Price meal information packet for this coming school year. Included is the parent letter and the Free/Reduced Price meal application. As usual, this information goes out in your August/September district newsletter. You can elect to include as much or as little of this information as you wish. However, the Free/Reduced Price application must go out.

***IMPORTANT:***

**Due to central office processing requirements, it is important that the free meal application be sent out on WHITE paper only – and please do not alter the application format in ANY WAY.**

**Also, please do NOT distribute any application blanks other than this enclosed one. The application has changed from last year. We are required to return to your school any applications submitted on forms other than this one.**

If you have any questions, please don't hesitate to call, 738-0848. Thank you.

Thomas P. Pfisterer, R.D., M.B.A.  
Director, School Food Services

Phone: (315) 738-0848  
Fax: (315) 724-0077

ONEIDA • HERKIMER • MADISON



BOARD OF COOPERATIVE  
EDUCATIONAL SERVICES

Box 70, Middle Settlement Road  
New Hartford, NY 13413-0070

July 6, 2013

Dear Parent,

The 2013-2014 school year is rapidly approaching for your child(ren). We, the School Food Service staff, welcome your child back for another year here at Waterville Central School.

If I may take a moment of your time, I would like to explain to you about the importance of filling out the free/reduced price meal application in this packet. Whether you feel that you may qualify or not, you may benefit by completing this application.

If you qualify, obviously you will save money. For instance, if you qualify for free meals, you will save the price of a full-price lunch, which is \$ 2.00 in all schools, and/or breakfast, which is \$ .75 in those schools which run a breakfast program. Similarly, if you qualify for reduced price meals, you will have to pay only \$ .25 for your child's lunch and/or breakfast. Over the course of the school year, these savings will become sizeable, and further magnified for each additional child you have in the school district.

**IMPORTANT :** Please remember that while your child may have received free/reduced price meals this past school year, **BE AWARE THAT YOU MUST REAPPLY ANNUALLY FOR THESE BENEFITS TO CONTINUE.**

Therefore, I encourage you to take a few minutes and complete this application, **and submit anytime after August 1<sup>st</sup>**. You can then find out the status of your application by calling the School Food Service office at 738-0848, Monday through Friday between 9:00 a.m. and 2:00 p.m.. Thank you.

Sincerely,

Thomas P. Pfisterer  
Director, School Food Services

July 6, 2013

Dear Parent/Guardian :

Waterville Central School believes that one of the most important ways in which we can help our children perform better in their classrooms is to provide them with the nutrition necessary for the healthy growth of their minds and bodies. Therefore, we provide breakfast and/or lunch in our school every day.

We invite all students to show their support for their school food service program through frequent participation. Students may buy lunch for \$ 2.00 and/or breakfast for \$ .75.

Children from households that meet Federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$ .25 for lunch and \$ .25 for breakfast. To apply for free or reduced price meals, complete the enclosed application, sign it, and return it to the school as soon as possible – anytime after August 1<sup>st</sup>. (If your family receives public assistance, you will most likely be approved for free meals through the Direct Certification process). Please refer to the guidelines contained in this letter when completing the application.

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 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 fill out all required information. Return the completed application to: your child's school.
2. Who can get free meals? All children in households receiving benefits from **food stamps**, the **Food Distribution Program on Indian Reservations** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. Can homeless, runaway, and migrant children get free meals? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail the school food service office to see if they qualify.
5. 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 Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at 738-0848 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. 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 a FREE/REDUCED PRICE MEAL application.
9. Will the information I give be checked? Yes and we may also ask you to send written proof.
10. If I don't qualify now, may I apply later? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. 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: Mr. Thomas Dorr, 793-8572
12. 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 U.S. citizens to qualify for free or reduced price meals.
13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. We are in the military. do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. My spouse is deployed to a combat zone. is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**2013-2014 INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

**REDUCED PRICE ELIGIBILITY INCOME CHART**

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 21,257	\$ 1,772	\$ 886	\$ 818	\$ 409
2	\$ 28,694	\$ 2,392	\$ 1,196	\$ 1,104	\$ 552
3	\$ 36,131	\$ 3,011	\$ 1,506	\$ 1,390	\$ 695
4	\$ 43,568	\$ 3,631	\$ 1,816	\$ 1,676	\$ 838
5	\$ 51,005	\$ 4,251	\$ 2,126	\$ 1,962	\$ 981
6	\$ 58,442	\$ 4,871	\$ 2,436	\$ 2,248	\$ 1,124
7	\$ 65,879	\$ 5,490	\$ 2,745	\$ 2,534	\$ 1,267
8	\$ 73,316	\$ 6,110	\$ 3,055	\$ 2,820	\$ 1,410
*Each additional person add:	\$ 7,437	\$ 620	\$ 310	\$ 287	\$ 144

**How to Apply:** To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity provider and employer.

**Meal Service to Children With Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life

activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

**Confidentiality:** The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

## 2013-2014 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to (name/school). Call (phone number) if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP or TANF Benefits:

If anyone in your household receives either SNAP, TANF or FDIPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: \_\_\_\_\_

☐ Homeless ☐ Migrant ☐ Runaway

(Homeless Liaison/Migrant Education Coordinator)

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member <b>LIST EVERYONE EMPLOYED OR NOT</b>	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

I do not  
have a  
SS# ☐

### DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ Food Stamp/TANF/Foster

☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ Household Size: \_\_\_\_\_

☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid

☐ Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_