

## Meal Application Procedures for 2009-2010

All applications from 2008-2009 will expire 30 days from the first day of school or when a new application is turned in.

A new application must be filled out every year

Applications are effective the day they are entered into the computer at the District Office.

Only 1 application per household is needed.

Please fill out the application completely. **Incomplete applications cannot be processed.**

Part 1: List only those students who attend school in District 6. If you receive foodstamps or TANF please list your **case number. Do not list your EBT number or Medicaid number.**

Part 2: Fill out this part if it applies to you.

Part 3: Fill out this part if it applies to you.

Part 4: Please list everyone in your household in this section including those students listed in Part 1. **Please list your income and how often you receive it – weekly, biweekly, monthly or yearly.**

Part 5: Please sign your application and list your social security number unless you list a foodstamp or TANF case number or if the application is for a foster child.

Notification letters will be mailed from the District office. Please be sure to include your complete mailing address including **zip code.**

All complete applications received before August 11 will be processed before the 1<sup>ST</sup> day of school.

If you wait until registration to turn in your application it may take up to 10 days to be processed. You will be responsible for any charges prior to approval.

Return your completed application to:

Bridget Lazurick  
Spartanburg County School District 6  
1390 Cavalier Way  
Roebuck, SC 29376

If you have any questions please call 342-8949.

Meal Prices for 2009-2010:

Breakfast - 1.10 for all students

Elementary Lunch - 1.85

Middle & High School Lunch – 1.95

Reduced Price Meals:

Breakfast - .30

Lunch - .40

For your convenience you can check your child's account and make payments online. Just log on to [www.myschoolaccount.com](http://www.myschoolaccount.com) and follow the instructions to set up an account for your students. There is a 1.50 processing fee for each deposit to an online account.

Dear Parent/Guardian:

Children need healthy meals to learn. **Spartanburg School District 6** offers healthy meals every school day. Breakfast costs **1.10** lunch costs **1.85 & 1.95**. Your children may qualify for free or reduced price meals. Reduced price is **.30** for breakfast and **.40** for lunch.

**FEDERAL INCOME CHART**  
Effective from July 1, 2009 to June 30, 2010

Household Size	Annual	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person	+6,919	+577	+134

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

- Do I need to fill out an application for each child?** No. Complete 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: Bridget Lazurick 1390 Cavalier Way Roebuck SC 229376.**
- Who can get funds?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- Can homeless, runaway and migrant children get free meals?** Please call Susan Hendrix 576-4212 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 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 Chart, shown on this application.
- Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at 576-4212 if you have questions.
- I get WIC. Can my child(ren) get free meals?** Children in household participating in WIC may be eligible for free or reduced price meals. Please fill out application.
- Will the information I give be checked?** Yes, we may ask you to send written proof.
- 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, TANF or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
- 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: Brian Calsing 576-4212
- 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.
- 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.
- What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 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 **576-4212**  
*Si necesita ayuda, or favor llame al telefono: 576-4212.*  
*Si vous voudriez d'aide, contactez nous au numero: 576-4212.*

Sincerely,  
**Bridget Lazurick**

**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 Food Stamp Program, 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.

**Non-discrimination Statement:** This explains what to do if you believe you 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.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Complete one application per household and one application for each foster child.

Part 1. Children in School			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP (formerly Food Stamp) (not EBT card #) or TANF Case # (if any)

**Part 2.** If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call (school food service contact) at (phone number). Homeless  Migrant  Runaway

**Part 3. Foster Child – Use a separate application for each foster child.**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Write "0" if foster child has no personal use income. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often.**

A. Name (List everyone in household.)	B. List income and how often it's received Circle how often it is received. (A – Annually, M – Monthly, BM – Bi-monthly, W – Weekly, BW – Bi-weekly)				C. Check if NO Income																					
	Earnings from work before deductions		Welfare, child support, alimony	Pensions, retirement, Social Security		Other																				
	A	M	BM	W		BW	A	M	BM	W	BW	A	M	BM	W	BW										
1.	\$					\$					\$					\$					\$					
2.	\$					\$					\$					\$					\$					
3.	\$					\$					\$					\$					\$					
4.	\$					\$					\$					\$					\$					
5.	\$					\$					\$					\$					\$					
6.	\$					\$					\$					\$					\$					
7.	\$					\$					\$					\$					\$					

**Part 5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give.. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: x \_\_\_\_\_ Print name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number Date: \_\_\_\_\_

**Part 6. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:

- American Indian or Alaska Native     Asian  
 Black or African American         Native Hawaiian or Other Pacific Islander  
 White                                         Other: \_\_\_\_\_

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Do not fill out this part. This is for district/school use only.

Annual Income Conversion: Weekly x 52    Every 2 Weeks x 26    Twice A Month x 24    Monthly x 12  
 Total Income: \$ \_\_\_\_\_ Per:  Week;  Every 2 Weeks;  Twice a Month;  Month;  Year    Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

**If your household receives SNAP (formerly Food Stamp) or TANF, follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and Food Stamp or TANF case 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.

**Check the appropriate box and contact your school food service director. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**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, 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, follow these instructions:**

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.
  - Column A - 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 B - Last month's gross income and how often it was received:** Next to each person's name list each type of income received last month and circle the letters indicating how often it is 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 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 column include Workers' 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 got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
  - Column C - 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.