

EAST PENN SCHOOL DISTRICT

LETTER TO FAMILIES

National School Lunch Program/School Breakfast Program

Dear Parent/Guardian:

Children need healthy meals to learn. East Penn School District offers healthy meals every school day. Breakfast cost \$1.10, and lunch costs \$2.10 (\$2.20 in Middle and High Schools). The reduced price is \$0.30 for breakfast and \$0.40 for lunch. Your children may qualify for free or reduced-price meals if your household income falls below the limits on the Federal Income Chart.

- 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. Families can also apply online for free and reduced school meals at www.schoolmealapp.com instead of filling out the paper application.
2. Who should I include as members of my household? You must include all those living in your household, related or not, who share income and expenses.
3. Who can get free meals? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or TANF can get free meals regardless of your income. Also, your children can get free meals if your household gross income is within the free limits on the Federal Income Guidelines.
4. 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 and should be included on the household application. They are no longer considered a household of one.
5. Can homeless, migrant and runaway children get free meals? Please contact the school liaison Karla Matamoros at 610-966-8448 for assistance in receiving meal benefits.
6. 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. If you have any questions please call Tara Tolson 610-966-8309.
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 30 operating days of this school year. You must send in a new application by October 1, 2013 unless the school told you that your child has been directly certified for free meals for the new school year.
8. I get 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.
9. Will the information I give be checked? Yes, we may 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. Lynn Glancy, Director of Operations, East Penn School District, 800 Pine Street, Emmaus, PA. 18049; 610-966-8038; lglancy@eastpennsd.org .
12. May I apply if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. 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.
14. 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.
15. 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.
16. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, call 1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, please call 610-966-8309.

Si necesita ayuda, por favor llame al teléfono: 610-966-8309.

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

Sincerely,

Lynn Glancy
Director of Operations

Table with 4 columns: Household Size, Annual, Monthly, Weekly. Rows include household sizes 1 through 8 and 'Each additional person'.

Instructions for Applying

If your household receives benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), follow these instructions:

- Part 1:** List all household members, fill in the student ID number for each child along with their grade and school code, mark if they are a foster child, mark if the household member receives no income, and you may also fill out the date of birth if you choose.
- Part 2:** Print the name of the person who receives SNAP/TANF benefits and fill in their case number.
- 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.

If no one in your household receives SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

- Part 1:** List all household members, fill in the student ID number for each child along with their grade and school code, mark if they are a foster child, mark if the household member receives no income, and you may also fill out the date of birth if you choose.
- Part 2:** Skip this part.
- Part 3:** Check the appropriate box and call the homeless liaison Karla Matamoros at 610-966-8448
- Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 5:** Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.
- Part 6:** Answer this question if you choose.

**If you are applying for a foster child, follow these instructions:
Use the same application form as the rest of the household.**

If all children in the household are foster children:

- Part 1:** List all foster children, fill in their student ID number along with their grade and school code, mark that they are a foster child, and you may also fill out the date of birth if you choose.
- Part 2:** Skip this part.
- 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.

ALL OTHER HOUSEHOLDS (including WIC households), or if some of the children are foster children, follow these instructions:

- Part 1:** List all household members, fill in the student ID number for each child along with their grade and school code, mark if they are a foster child, mark if the household member receives no income, and you may also fill out the date of birth if you choose.
- Part 2:** Skip this part.
- Part 3:** Check the appropriate box, if any, and call the homeless liaison Karla Matamoros at 610-966-8448.
- Part 4:** Follow these instructions to report last month's household income.
 - Column 1 – Name:** List the last, first, and middle name of each person living in your household who receives an income, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another application if needed.
 - Column 2 – Income and how often it is received:** For each person who receives income, write the amount received and mark how often it is received- Weekly (W), Every 2 weeks (E), Twice a month (T), or Monthly (M).
 - Employment income:** List the **gross income** for each person. It is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, mark how often you receive it - Weekly (W), Every 2 weeks (E), Twice a month (T), or Monthly (M). *If self-employed or work seasonally, you may list last year's average gross monthly income (annual gross income divided by 12).*
 - Other Income:** List the amount each person receives from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's 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, mark how often the person receives it.
- Part 5:** An adult household member must sign and date the form and list the last four digits of his or her Social Security Number, or mark the "I do not have a Social Security number" box if he or she doesn't have one.
- Part 6:** Answer this question if you choose.

School Codes			Grade Codes			
Elementary Schools		Secondary Schools	PK	Pre-kindergarten	06	Sixth Grade/Grade 6
2799 Albutis Elementary	2809	Emmaus High School	KG	Kindergarten	07	Seventh Grade/Grade 7
2808 Jefferson Elementary	7560	Eyer Middle School	01	First Grade/Grade 1	08	Eighth Grade/Grade 8
2802 Lincoln Elementary	7559	Lower Macungie Middle School	02	Second Grade/Grade 2	09	Ninth Grade/Grade 9
2804 Macungie Elementary			03	Third Grade/Grade 3	10	Tenth Grade/Grade 10
5239 Shoemaker Elementary			04	Fourth Grade/Grade 4	11	Eleventh Grade/Grade 11
4827 Wescosville Elementary			05	Fifth Grade/Grade 5	12	Twelfth Grade/Grade 12
8133 Willow Lane Elementary						

Privacy Act Statement: This explains how we will use the information you give us. The 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 children for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list an eligibility group number for Food Stamp or TANF OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced-price meals, to operate the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health and nutrition officials to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into misuse of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases 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](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at 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. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.