WEST IRONDEQUOIT SCHOOL DISTRICT

West Irondequoit Central School District

321 List Avenue, Rochester, New York 14617-3125
Telephone: (585) 342-5500
Fax: (585) 266-1556
www.westirondequoit.org

July 2016

Dear Parent/Guardian:

Children need healthy meals to learn. West Irondequoit Central School District offers healthy meals every school day. Breakfast will consist of milk, juice, fruit and cereal. Meal costs: breakfast $1.70; lunch costs $2.75; cost of milk only $.50. Children from households that meet federal income guidelines (outlined below) are eligible for free or reduced price meals. Reduced price meals cost each eligible student **$0.25** for breakfast and **$0.25** for lunch. NOTE: *If the student becomes eligible for free or reduced meal benefits, but decides they only want milk for their meal, they will be charged $.50 per milk.* To apply for free or reduced price meals, submit a Direct Certification letter, **including your case number**, from the NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it and return it to **Sandra Sandford, 321 List Avenue, Rochester, NY 14617** as soon as possible. Please refer to the guidelines contained in this letter when completing the application. **We cannot approve an application that is not complete, so be sure to fill out all required information.**

- **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: **Sandra Sandford, 321 List Avenue, Rochester, NY 14617.**
- **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP, 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.
- **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children who 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.
- **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 **585-336-2993** or write **Mr. James Brennan,** 321 List Avenue, Rochester, NY 14617 to see if they qualify.
- **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.
- **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 Sandra Sandford if you have questions.
- **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 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.
- **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.
- **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, and we may also 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. 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.
- **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 **Dr. Tim Terranova**, 321 List Avenue, Rochester, NY 14617, **585-336-2995**.
- **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.

- **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.
- **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.
- **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.
- **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 **Sandra Sandford** at **(585) 336-2993** for more information.
- **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, contact your local assistance office or call **1-800-342-3009**.

2016-2017 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	$ 21,978	$ 1,832	$ 916	$ 846	$ 423
2	$ 29,637	$ 2,470	$ 1,235	$ 1,140	$ 570
3	$ 37,296	$ 3,108	$ 1,554	$ 1,435	$ 718
4	$ 44,955	$ 3,747	$ 1,874	$ 1,730	$ 865
5	$ 52,614	$ 4,385	$ 2,193	$ 2,024	$ 1,012
6	$ 60,273	$ 5,023	$ 2,512	$ 2,319	$ 1,160
7	$ 67,951	$ 5,663	$ 2,832	$ 2,614	$ 1,307
8	$ 75,647	$ 6,304	$ 3,152	$ 2,910	$ 1,455
*Each Add'l person add	$ 7,696	$ 642	$ 321	$ 296	$ 148

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 Education Department, OR carefully complete **one application for your household** and return it to the designated office. If you now receive 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 food stamp, 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 food stamp, 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 food stamp 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 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 (PDF), 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 and 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 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.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size you may request and complete an application at that time. ***NOTE:*** *If you have already applied once and your income goes down or if you start receiving SNAP or TANF benefits, you will be required to submit proof of your new income amount or a copy of your benefit letter or Eligibility Letter for Free Meals received from the NYS Educational Department.*

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,

James Brennan
Assistant Superintendent for Finance

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number:
This must be the complete case number supplied to you by the agency including all numbers and letters, for example, E 123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number. All children with the same case number may be listed on the same application. If anyone in your household receives SNAP, all children living in your household are eligible to receive free meals at school.

Direct Certification:
Your children's school may have already certified your child to receive meals at no charge. If your child has not already been certified and you receive SNAP or TANF, send in the Eligibility Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application. Make a copy for your records.

Foster Child:
A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household:
A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members:
All related and non-related people who are 21 years of age and older living in your house.

Financially Independent:
A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household.

Gross Income:
Is money earned or received by each member of your household **before deductions**. Examples of deductions are federal tax, state tax, and Social Security deductions.

Examples of gross income are:

- → Wages, salaries, tips, commissions, or income from self-employment
- → Net farm income – gross sales minus expenses only – not losses
- → Pensions, annuities, or other retirement income including Social Security retirement benefits
- → Unemployment compensation
- → Welfare payments (does not include value of SNAP)
- → Public Assistance payments
- → Adoption assistance
- → Strike benefits
- → Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- → Alimony or child support payments
- → Disability benefits, including workman's compensation
- → Veteran's subsistence benefits
- → Interest or dividend income
- → Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- → Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources.

Current Income:
Your income at the present time **before deductions**. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

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.

If you have any questions or need help in filling out the application form, please contact: Sandra Sandford at (585) 336-2993.

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
Application for Free and Reduced Price School Meals/Milk
2016-2017

F R D

APPLICATION #: _____

Date Withdrew: _____

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 your child's school or District Office, 321 List Ave., Rochester, NY 14617. Call **Sandra Sandford at (585) 336-2993**, 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	Homeless, Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, **list their name and CASE # here.** Skip to Part 4, and sign the application.

Name: _____ CASE # _____ **** USE CASE NO. -NOT BENEFIT CARD NO. ****

3. Report all income for ALL household members *(Skip this step if you answered 'yes' to step 2.)*

All household members (including yourself and all children that have income).
List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Gross Earnings from work (before deductions) *Amount / How Often*	Child Support, Alimony Received *Amount / How Often*	Pensions, Retirement Payments / Income *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐
	$ /	$ /	$ /	$ /	☐

Total Household Members (Children and Adults): _____

4. 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: _____ **Print Name:** _____ **Date:** _____

Email Address: _____ **Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __

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 (when multiple income frequencies are reported) Weekly x 52; Bi-weekly (every 2 wks) x26; 2x/ Month x24; Monthly x 12

☐ SNAP / TANF / Foster Child / Homeless / DC ☐ Incomplete Application--Missing: _____

NOTES: _____

☐ Income Household: Total Household Income/How Often: $_____/_____ Household Size: _____

☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid ☐ F / R 10-day grace period expires: ____/____/____

☐ Signature of Reviewing Official: _____ Date Notice Sent: ____/____/_____

2016-2017 APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to **Sandra Sandford, 321 List Avenue, Rochester, NY 14617**. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call **Sandra Sandford at (585) 336-2993** if you need help. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current Food Stamp, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household.

Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.

(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** 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 and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a food stamp, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Food Stamp, 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.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410,
(2) Fax: (202) 690-7442; or
(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.