

Derry Area School District

Dear Parent/Guardian:

Children need healthy meals to learn. **Derry Area School District** offers healthy meals every school day. **Breakfast** costs \$1.35 Secondary / \$1.10 Elementary lunch costs **\$2.55 Secondary / \$2.30 Elementary**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.



If you have received a **NOTICE OF DIRECT CERTIFICATION** for free meals, **do not** complete the application. ***But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.***

1. WHO CAN GET FREE OR REDUCED PRICE MEALS/MILK?

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

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

| FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2015-2016 | | | |
|--|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$21,775 | \$1,815 | \$419 |
| 2 | \$29,471 | \$2,456 | \$567 |
| 3 | \$37,167 | \$3,098 | \$715 |
| 4 | \$44,863 | \$3,739 | \$863 |
| 5 | \$52,559 | \$4,380 | \$1,011 |
| 6 | \$60,255 | \$5,022 | \$1,159 |
| 7 | \$67,951 | \$5,663 | \$1,307 |
| 8 | \$75,647 | \$6,304 | \$1,455 |
| Each additional person: | \$7,696 | \$642 | \$148 |

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e- mail Mr. David Momper, at the Derry Area School District.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** **NO.** 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: **Derry Area Food Service, N. Chestnut Street Ext., Derry PA 15627.**

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? **NO**, but please read the letter you got carefully and follow the instructions. **If any children in your household were missing from your eligibility notification**, contact Mrs. Gwen Kozar, 982 N Chestnut Street Ext., Derry PA 15627 or call 724-694-1442 or e-mail - gkozar@Derryasd.k12.pa.us immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit **Derry Area School District website** or Visit the Department of Human Services website at compass.state.pa.gov.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
7. 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 send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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: **Mrs. Cheryl Walters, Derry Area School District**.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. 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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Mrs. Gwen Kozar, 982 N Chestnut Street Ext., Derry PA 15627 or email gkozar@Derryasd.k12.pa.us to receive a second application.
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 visit www.compass.state.pa.us, contact your local assistance office or call 1800-692-7462.
17. If you have other questions or need help, call **724-694-1442**

Sincerely,



2015-2016 SY

2015-2016 Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

| Child's First Name | MI | Child's Last Name | School Name | Child's Grade | | Student? | | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|-------------|-------------------------|-----|--------------------------|--------------------------|--------------------------|----------------------------|
| | | | | Enter HS for Head Start | Yes | No | | | |
| | | | | | | <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"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Click all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____ Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child(ren) Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Children here →

| | | | | |
|-------------------|---|---|--|--------------------------|
| Child(ren) Income | How often? | Total Household Members (Children and Adults) | (Last 4 digits) SSN of Primary Wage Earner or Other Adult Household Member | Check if no SSN |
| \$ | Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> | | X X X X | <input type="checkbox"/> |

B. All Adult Household Members (including yourself)
 List all Adult 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 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 Adult Household Members (First and Last) | Earnings from Work | How often? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

OPTIONAL

Ethnicity (Check one):
 Hispanic or Latino
 Not Hispanic or Latino

Race (Check one or more):
 American Indian or Alaskan Native
 Asian White
 Black or African American
 Native Hawaiian or Other Pacific Islander

This information does not affect eligibility

STEP 4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

| | | | | | |
|---|-------|--|-------|--------------|------------------------------------|
| Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional) |
| | | | | | |
| Printed name of Adult completing the form | | Signature of Adult completing the form | | Today's date | |

FOR SCHOOL USE ONLY

USDA is an equal opportunity provider and employer

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, Monthly, Yearly, Household Size: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied Reason: _____ Categorically Eligible Other Source Categorically Eligible Determining Official's Signature: _____ Date: _____

Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____ Signature of School Employee Completing Verification: _____ Date: _____

2015-2016 Pennsylvania Free and Reduced Price School Meals Household Application

Instructions

PLEASE USE THESE INSTRUCTIONS TO HELP YOU FILL OUT THE APPLICATION FOR FREE OR REDUCED PRICE SCHOOL MEALS. YOU ONLY NEED TO SUBMIT ONE APPLICATION PER HOUSEHOLD, EVEN IF YOUR CHILDREN ATTEND MORE THAN ONE SCHOOL IN [SCHOOL DISTRICT]. THE APPLICATION MUST BE FILLED OUT COMPLETELY TO CERTIFY YOUR CHILDREN FOR FREE OR REDUCED PRICE SCHOOL MEALS.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FDPIR?

- A. IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- B. IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide a case number for SNAP or TANF. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact Pennsylvania Department of Human Services. You must provide a case number on your application if you circled "YES". GO to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A. REPORT ALL INCOME EARNED BY CHILDREN. Examples for Child income include; earnings from work, social security disability, social security survivors, income from persons outside the household, private pension fund, annuity, and trust. Combine gross income for ALL children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- B. FOR EACH ADULT HOUSEHOLD MEMBER: Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.* Report all amounts in gross income ONLY. Report all income in whole dollars. Do not include cents.
- Report earnings from work, Report income from Public Assistance/Child Support/Alimony, Report income from Pensions/Retirement/All other income
 - What if I am self-employed? If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
 - Report total household size
 - Report last 4 digits of Social Security Number (SSN) of the Primary Wage Earner or other Adult Household Member

OPTIONAL: CHILDREN'S RACIAL AND ETHNIC IDENTITIES

Sharing children's Racial and Ethnic Identities is optional and does not affect eligibility.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Complete all contact information including, address and telephone number. Print your name, write Today's date. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.