

Seattle Public Schools Annual Application For School Meal Benefits, 2009-2010

All qualified students **EAT BREAKFAST & LUNCH FREE**

Other great reasons to apply:

Did you know that if your child qualifies for free or reduced price meal benefits there may be additional benefits such as discounts or "0" costs for the following services? Ask your school for more information; not all benefits are available at each school.

Please check (✓) the box(s) below if you want to give school officials permission to use the information provided on the attached application for free & reduced meals to determine your child(ren)'s eligibility for these school benefits.

- Advanced Placement tests
- College Bound Scholarships
- Running Start books
- Athletic fees
- Associated Student Body (ASB) fee
- Event fees
- Pre-college exams (PSAT/SAT/ACT)
- College application fees
- All-day kindergarten tuition
- Field trips
- Summer programs and camps
- Medical, dental & vision fees

You must complete the attached application for free & reduced meals to qualify.

Signature of Parent or Legal Guardian

Date

**SEATTLE PUBLIC SCHOOLS
YEARLY FAMILY APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2009-2010**

Complete, sign and return this application to your school lunchroom or return in the enclosed envelope.

- List all Seattle School District students living with you (except Foster Children)
- See Section 3 for Foster Child. (You must submit a separate application for each Foster Child)
- Enter each child's case number in the last column if your child(ren) receive "Basic Food", "TANF" or "FDPIR"
➤ If you have written a case number for each child, skip to Section 4.

Last Name	First Name	Student I.D.#	Date of Birth	School	Grade	Write the CASE NUMBER below for each child if they receive TANF, BASIC FOOD or FDPIR benefits

2. List all household members, (include students without case numbers, from Section 1). Write the amount of income each person receives before deductions and indicate how often the income is received: **Monthly; Every Two Weeks; Twice a month; or Weekly.**

Names of all Household Members		Income from Wages Before Deductions		Income from Welfare, Child Support	Income from Retirement Social Security	Any Other Type of Income not listed previously
First	Last	Wages from Job 1	Wages from Job 2			
		\$	\$	\$	\$	\$

3. Foster Child - One Foster Child per application. List the foster child below and include personal use income. If foster child has no income write "0" . *

Foster Child's Name	Student I.D.#	Date of Birth	Personal Use Income * \$	School	Grade

4. Signature and Social Security Number - I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

Check the box if you do not have a social security number*
 Social Security Number _____ * I do not have a social security number.
 Street Address _____ City & Zip _____
 Home Phone Number _____ work phone number _____

Office Use Only

F TF R Pd

Eligibility (circle one)

Date approved _____

Initials of approving official _____

Note: See page one (cover sheet) if you want to give school officials permission to use the information provided on this application to determine your child(ren)'s eligibility for other school benefits. You must complete, sign and return with this application.

Nutrition Services, MS 32-372
 2445 Third Avenue South
 PO Box 34165
 Seattle, WA 98124-1165



DEAR PARENT OR GUARDIAN:

This letter tells how your children can receive free or reduced-price meals and other school benefits.
 To qualify your children, ***you must apply every school year.***

Students may buy lunch for \$ 2.25 (elementary), \$ 2.50 (middle and high school); breakfast for \$1.25 (elementary) and \$1.50 (middle and high school).
 Children who qualify for free or *reduced* price meals *receive meals free of charge.*

All meals meet Federal guidelines.

- ❖ **HOUSEHOLD SIZE** is: All persons, including parents, children, grandparents and all people related or unrelated who live in your home and share living expenses. *Find your household size on the chart below.*
- ❖ **TOTAL HOUSEHOLD INCOME:** *Find your total household income* before taxes from all household members. This includes wages, social security, welfare, unemployment, child support, alimony and any other cash income.
- ❖ **FOSTER CHILDREN** may be eligible for free and reduced-price meals regardless of household income in some cases.
 If you have foster children living with you and want to apply for them, *see Instructions, Section 3.*
 - The information that you provide will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits*

INCOME CHART EFFECTIVE FROM July 1, 2009 - June 30, 2010						WHO SHOULD FILL OUT AN APPLICATION?
Family Size	Yearly Gross Income	Monthly Gross Income	Twice per month Gross Income	Every two weeks Gross Income	Weekly Gross Income	If your household income is the SAME or LESS than the amount on the Income Chart, or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a Foster Child you should COMPLETE THE APPLICATION.
1	\$20,036	\$1,670	\$835	\$771	\$386	
2	26,955	2,247	1,124	1,037	519	Return the application to the school lunchroom. We will notify you if the application is approved or denied.
3	33,874	2,823	1,412	1,303	652	WHAT MUST BE ON THE APPLICATION? For households <i>not</i> receiving Basic Food, TANF or FDPIR enter the following: <ul style="list-style-type: none"> • Child's Name • Names of all household members • Income by source for all household members • Adult household member's signature • Social Security Number of the adult household member who signs the Application, (or check the box "I do not have a social security number") if you do not have one. For a family receiving Basic Food or TANF/FDPIR: <ul style="list-style-type: none"> • Child's Name (list all Seattle Public School students) • Basic Food, TANF, or FDPIR case number • Adult household member's signature For a Foster Child: <ul style="list-style-type: none"> • Child's Name (only one per application) • Child's personal use income (if none write 0) • Adult's signature
4	40,793	3,400	1,700	1,569	785	
5	47,712	3,976	1,988	1,836	918	
6	54,631	4,553	2,277	2,102	1,051	
7	61,550	5,130	2,565	2,368	1,184	
8	68,469	5,706	2,853	2,634	1,317	
Each additional Household Member add:	+ 6,919	+577	+289	+267	+134	

OTHER BENEFITS

If you are interested in receiving any other benefits for your child(ren) see cover sheet of this application.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U.S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

PROOF OF ELIGIBILITY: The information you provide may be verified at any time. You may be asked to send information to prove your child is eligible to receive free or reduced-price meals.

FAIR HEARING: If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Carlyn Rorke, the fair hearing official. You have the right to a fair hearing which may be arranged by calling or writing Carlyn Rorke, Nutrition Services, 2445 Third Avenue South, PO Box 34165, Seattle, WA 98124-1165, Telephone (206) 252-0675.

REAPPLICATION: You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive basic food, FDPIR or TANF, you may be eligible for benefits and may fill out an application at that time.

**32-372 Nutrition Services
Seattle School District #1
PO Box 34165
Seattle, WA 98124-1165**

NONDISCRIMINATION STATEMENT: The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202 720-6382 9TDD). USDA is an equal opportunity provider and employer.

***Privacy Act Statement:** National School Lunch Act (Section 9) requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss of reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Race Identity (Optional)

Please mark one or more racial identities:

American Indian or Alaska Native; Asian; Black or African American;
 Native Hawaiian or Other Pacific Islander; White

Ethnic Identity (Optional)

Please mark one ethnic identity: Hispanic or Latino; Non-Hispanic or Latino