

**School Year 2015-2016  
Annual Application for School  
Meals and Other Benefits**



**Seattle Public Schools**

**Students who qualify for free or *reduced* price meals can eat breakfast and lunch at NO COST.**

Please complete the application on the next page to see if your household qualifies.

Does your family receive *DSHS*: BASIC FOOD, TANF or FDPIR? If yes, you should automatically qualify for free school meals, however, your permission to share this information with other Seattle School Officials is needed; see below...

You may be eligible for discounts on other benefits!

If you qualify for free or reduced priced meals, you may also be eligible for additional benefits that are free, or at a discounted cost.

Please select by checking the box & sign below to allow us to share your eligibility status with school officials.

All Students	Middle & High School Students
<input type="checkbox"/> Event Fees <input type="checkbox"/> Field Trips <input type="checkbox"/> Summer programs and camps <input type="checkbox"/> Free or low-cost health insurance <input type="checkbox"/> Free of low-cost dental or vision benefits	<input type="checkbox"/> Advanced Placement tests <input type="checkbox"/> College Bound scholarships <input type="checkbox"/> Running Start books <input type="checkbox"/> Athletic fees <input type="checkbox"/> Associated Student Body (ASB) fees <input type="checkbox"/> Pre-college exams (PSAT/SAT/ACT) <input type="checkbox"/> College application fees
<b>Kindergarten</b>	
<input type="checkbox"/> Full-day kindergarten program fees	
<div style="display: flex; justify-content: space-between;"> <span>Signature of parent or legal guardian</span> <span>Date signed</span> </div>	
Print student's name(s)	

Check here if you received meal benefits last year.

## SEATTLE PUBLIC SCHOOLS 2015–16 Yearly HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

**Complete, sign and return this application to your child's school lunchroom; or mail directly to: Nutrition Services – MS 32-372; PO Box 34165; Seattle, WA 98124**

1. List **all students** living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.

**If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.**

Homeless     Migrant

Student's Last Name	Student's First Name	MI	Foster Child	Date of Birth	School	Grade	Student Income	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does the student receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.			
												Basic Food	TANF	FDPIR	
							\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If any household member does not receive income write 0. If you enter 0 or leave income sections blank, you are promising that there is not income to report. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.

Names of ALL other household members (do not include names of students listed above)	Foster Child	Earnings from work (before any deductions)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Child Support, Alimony	Weekly	Every 2 Weeks	Twice a Month	Monthly	Pensions, Retirement, Social Security (SSI)	Weekly	Every 2 Weeks	Twice a Month	Monthly	Any Other Income Not Already Listed	Weekly	Every 2 Weeks	Twice a Month	Monthly	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number and check the appropriate box.			
																						Basic Food	TANF	FDPIR	
		\$					\$					\$					\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$					\$					\$					\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$					\$					\$					\$					Case # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Total Household Members (include all people living in your household): \_\_\_\_\_

4. Signature and Social Security Number – I certify (promise) that all of the 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 school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Printed Name of Adult Household Member _____		
Mailing Address _____	Street Address _____	
City & Zip Code _____	Home Phone _____	Work/Cell Phone _____

Last 4 digits of your social security number: _____	
OR, if you do not have a social security number, check the box: <input type="checkbox"/>	
Adult Household Member Signature _____	Date _____
Email Address _____	

5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities:

- |   |  |
|---|--|
| <input type="checkbox"/> Asian                      | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> White                      | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black, or African American | <input type="checkbox"/> Other                                     |

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

**2015-2016**  
**Letter to Households**  
**National School Lunch Program/School Breakfast Program**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast and Lunch will be served at **no cost** to those children who qualify for free or reduced-price meals. All other students will be charged the rates shown below.

Grade Level	REGULAR PRICE			REDUCED PRICE		
	Breakfast	Lunch	Snacks	Breakfast	Lunch	Snacks
Elementary	\$ 2.00	\$ 3.00	N/A	No cost	No cost	N/A
Middle	\$ 2.25	\$ 3.25	N/A	No cost	No cost	N/A
High	\$ 2.25	\$ 3.25	N/A	No cost	No cost	N/A

**WHO SHOULD FILL OUT AN APPLICATION?**

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- 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
- You are applying for a foster children that are under the legal responsibility of a foster care agency or court

Turn in the application to the school lunchroom, return in the enclosed postage paid envelope or mail to: Nutrition Services - MS32-372; PO Box 34165 Seattle, WA 98124

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

**WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?**

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at [206-252-0675](tel:206-252-0675).

<b>INCOME CHART</b>					
<b>Effective from</b>					
<b>July 1, 2015 to June 30, 2016</b>					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,775	\$1,815	\$ 908	\$ 838	\$ 419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional member add:	+7,696	+642	+321	+296	+148

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

**WHAT MUST BE ON THE APPLICATION?**

**A. For households not getting any assistance:**

- Student's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 4. Part 5 is optional.

**B. For households with only foster child(ren):**

- Student's name
- Adult household member's signature

Complete Parts 1 and 4. Part 5 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

**C. For household with a foster child(ren) and other children:**  
 Apply as a household and include foster children. Follow the directions for "A". Households not getting any assistance and include the foster child's personal use income.

**D. For a family getting Basic Food/TANF/FDPIR:**

- List all student names and case number where appropriate
- If the student is not the one with a case number, enter the household member's name and their case number
- Adult household member's signature

Complete Parts 1 and 4. Part 5 is optional

#### **WHAT IF I'M NOT RECEIVING BASIC FOOD DOLLARS?**

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you must apply for free and reduced-price meal benefits by filling out a meal application and returning it to your child's school.

#### **DO MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?**

Yes. Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

#### **IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?**

Yes. If someone else in the household has a case number, other than a student or a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

#### **BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?**

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging onto [http://www.foodhelp.wa.gov/basic\\_food.htm](http://www.foodhelp.wa.gov/basic_food.htm)

#### **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.

#### **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.

#### **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.

#### **HEALTH COVERAGE**

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

#### **WHAT IF MY CHILD NEEDS SPECIAL FOODS?**

All meals served meet the federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge if your child's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

#### **PROOF OF ELIGIBILITY**

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and 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 Teresa Fields, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at 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, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

#### **NONDISCRIMINATION**

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 if 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, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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 (in Spanish).

USDA is an equal opportunity provider and employer.