

Family Meal Benefit Form for Free and Reduced Price School Meals/After School Snacks

Colonial School District ■ 318 E. Basin Road ■ New Castle, DE 19720 (302) 323-2743

August 2010

You only need to fill out ONE form per family.

Dear Parent or Guardian:

The Colonial School District takes part in the National School Lunch Program/School Breakfast Program/After School Snack Program. Nutritious meals are served every school day. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. Elementary students may buy lunch for **\$1.10** and breakfast for **60 cents** with the exception of Provision II Schools (Colwyck, Eisenberg Leach). Secondary students may buy lunch for **\$1.40** and breakfast for **75 cents** with the exception of Provision II Schools (McCullough & Leach). You may prepay for school meals by setting up an account at www.mynutrikids.com or by sending in cash, check or money order made payable to **Colonial School District Nutrition Services**.

Children from households that meet Federal Income guidelines are eligible for free meals or reduced price meals at **40 cents** for lunch and **free** breakfast. You may also prepay for reduced price meals. To apply for free or reduced price meals, complete this form as soon as possible, sign it and return it to your child's cafeteria.

If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no additional charge for the meal. Substitutions can be arranged by contacting the School Nutrition Department.

APPEAL: If you do not agree with the District's decision on your form or the result of verification, you may wish to discuss it with school officials. You also may have the right to a fair hearing. This can be done by contacting the following official:

Ms. Karen Gilbert, Director of Operations

Colonial School District ■ 318 E. Basin Road ■ New Castle, Delaware 19720 (302) 323-2719.

CONFIDENTIALITY: We will use the information on your form to determine if your child is eligible free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes, such as verify Title I eligibility.

REAPPLICATION: You may apply for benefits anytime during the school year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed, or get Supplemental Nutrition Assistance Program (SNAP) or Delaware Temporary Assistance for Needy Families (DE-TANF) for your child, fill out a form at that time.

You will be notified by letter when the meal benefit form is approved or denied.

Please return completed Meal Benefit Forms to your child's school cafeteria or to the Nutrition Services Department at the Colonial School District. All sections of the form must be completed in order for your eligibility to be determined. Failure to complete the form correctly will delay the process of eligibility determination. Forms will be processed as soon as possible during the first month of school and a letter will be sent home informing you of your child's eligibility.

- In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.
- To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

PRIVACY ACT STATEMENT:

Unless you list the child's SNAP, or DE-TANF case number or are applying for a foster/group home, homeless, migrant, or runaway child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP, or DE-TANF office to determine current certification for SNAP, or DE-TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

Sincerely,



A. Paula Angelucci, Supervisor
Nutrition Services Department



**COLONIAL SCHOOL DISTRICT 2010-2011 SCHOOL YEAR
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY MEAL BENEFIT FORM**

PART 1. Children in School (Use *one* form for *all* children in Colonial Schools. Use a separate form for *Foster* Children only.)

Names of all children in Colonial Schools (First, Middle Initial, Last)	School Name	Grade	Birth Date	<i>IF YOU RECEIVE STATE ASSISTANCE ENTER EACH CASE NUMBER HERE AND PROCEEDED TO PART 5. SNAP or DE-TANF case # (if any). Skip to Part 5 if you list a SNAP or DE-TANF case # FOR EACH CHILD LISTED! Please note that Medicaid numbers do not qualify your child(ren) for free meals. WIC participants may be eligible for free/reduced price meals.</i>

PART 2. If the child you are applying for is Homeless, Migrant, or a Runaway check the appropriate box and call Colonial School District's homeless liaison, migrant coordinator at (302) 323-2830. Homeless Migrant Runaway

PART 3. Foster Child

If this Meal Benefit Form is for a child who is the legal responsibility of DSCYF or DSCYF Agency/ a Ward of the Court/ or the State, check this box and **Skip to Part 5.**

PART 4. Total Household Gross Income—You *must* tell us the gross income amount of *each* person in the household and how often it is received. For household members receiving no income, please check **NO income in box #3.**

1. Name (List <i>everyone</i> in household not listed in part 1.)	2. Gross income and how often it was received (If this section is not completed your application can not be processed.) <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Public Assistance child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> <i>Jane Smith</i>	<i>(Example)</i> \$200/weekly	<i>(Example)</i> \$150/weekly	<i>(Example)</i> \$100/monthly	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

PART 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the Form. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this Form 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.

Sign here: X _____ Print name: _____ Date: _____
 Street Address: _____ City _____ Zip Code _____ Day time Phone Number: _____
 PO Box _____ Apt. # _____

****MUST COMPLETE** ** Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

PART 6. NO! I DO NOT want information from my Free and Reduced Price Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.

PART 7. Children's racial and ethnic identities (optional)

Mark one or more racial identities:
 Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

DO NOT MARK IN THIS SECTION FOR SCHOOL USE ONLY!!

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Annual Income: _____ Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____