

**EPHRATA AREA SCHOOL DISTRICT
803 OAK BOULEVARD
EPHRATA, PA 17522**



August 2009

Dear Parent/Guardian:

The Ephrata Area School District serves meals each school day except as noted on the school calendar. Children may buy lunch for \$1.95 for elementary students (grades 1-4) and \$2.25-\$2.60 for secondary students (grades 5-12). Children may also buy breakfast for \$0.95 for elementary students (grades 1-4) at all the elementary schools. Secondary students may buy breakfast for \$1.25 and ala carte **ONLY** at the Ephrata Middle and Senior High School. Eligible children may acquire breakfast and lunch meals for free or at a reduced rate. All meals served must meet patterns established by the United States Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meals, this school will make reasonable substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs a substitution because of a disability, please contact us for further information.

If you now receive Food Stamps or Temporary Assistance for Needy Families (TANF), Cash Assistance for your children, your children can receive free breakfast and lunch meals. A foster child may receive free or reduced price breakfast and lunch meals regardless of your income. Homeless, runaway and migrant children also qualify for free lunches please contact Kimberly Schlemmer to see if your child(ren) qualify(ies), if you are not already been informed that they will get free meals. Also, your children can get free price breakfast and lunch meals if your household income is within the free limits on Federal Income Guidelines. Your child(ren) can get low cost meals if your household income is within the reduce price limits on the Federal Income Chart. The reduced price is \$.40 for lunch and \$.30 for breakfast.

To apply for free or reduced price breakfast and lunch meals for your child, you can either complete the paper application attached or apply online. If you are completing a paper application, it must be filled out **COMPLETELY** and returned to the school. **Use one Free and Reduced Price School Meals Application for all students in your household.** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). If your income is not always the same list the amount you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you want to apply online, go to the COMPASS website at www.compass.state.pa.us. COMPASS allows Pennsylvanian's to apply for social service programs such as Food Stamps (FS), Temporary Assistance for Needy Families (TANF), Energy Assistance, Children's Health Insurance Program (CHIP), etc., online. Families can use COMPASS to apply for free and reduced price school breakfast and lunch meals only, or they can apply for other services at the same time (FS, TANF, etc.). Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

HOW TO APPLY:

1. IF YOU NOW RECEIVE FOOD STAMPS OR TANF for the child you are applying for, the applications must have the child's name, food stamp or TANF case number for each child, and the signature of an adult household member.
2. IF YOU ARE APPLYING FOR A FOSTER CHILD, the application must have the child's "personal use" income, and adult signature.

3. IF YOU ARE APPLYING FOR A "FOREIGN EXCHANGE STUDENT," they are **NOT** automatically considered eligible. They are to be considered as a member of the household where he or she resides.
4. IF YOU DO NOT LIST A FOOD STAMP OR TANF CASE NUMBER for the child you are applying for, the application must have the CHILD'S NAME, the NAMES OF ALL HOUSEHOLD MEMBERS, the amount of INCOME EACH PERSON RECEIVED LAST MONTH, AND WHERE IT CAME FROM, the SIGNATURE OF AN ADULT HOUSEHOLD MEMBER and THAT ADULT'S Social Security number or the word "none" if the adult does not have a social security number.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send proper documentation showing that your child should receive free or reduced price meals.

Fair Hearing: You may talk to school officials, if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Jean Hornberger, Business Manager, Board Treasurer
Ephrata Area School District
803 Oak Boulevard
Ephrata, PA 17522
717-721-1513

Confidentiality: School officials use the information on the application to decide if your child is eligible to receive a free or reduced lunch. Please take the time to fill out Part 7 of the application, for this allows us to know what programs we have your permission to share your information with.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TANF for your child, please complete another application.

IN THE OPERATION OF THE FOOD SERVICE PROGRAMS, NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, SEX, COLOR, NATIONAL ORIGIN, AGE OR HANDICAP. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410.

We will notify you when your application is approved or denied. If you have other questions or need help, call 717-721-1513.

Thank you

Sincerely,



Jean Hornberger
Business Manger, Board Treasurer

Attachment
cc: Teri Gamez
Principals

EPHRATA AREA SCHOOL DISTRICT
2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

| Part 1. Children in School (Use a separate application for each foster child) | | | |
|--|-------------|-------|---|
| Names of all children in school (First, Middle Initial, Last) | School Name | Grade | Food Stamp or TANF nine digit case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case # |
| | | | ____ - _____ |
| | | | ____ - _____ |
| | | | ____ - _____ |
| | | | ____ - _____ |

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Kimberly Schlemmer at 717-721-1513
 Homeless Migrant Runaway

Part 3. Foster Child
 If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

| 1. Name (List everyone in household) | 2. Gross income and how often it was received <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 | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly | \$150/weekly | \$100/monthly | \$ ____/____ | <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 application. 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 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.

Sign here: X _____ Print name: _____ Date: _____
 Social Security Number: ____ - ____ - _____ I do not have a Social Security Number
 Address: _____
 Home Telephone No: _____ Work Telephone No: _____

Part 6. 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

Don't fill out this part. This is for school use only.

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, Month, Year Household size: _____
 Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____
 Categorical Eligibility: ____ Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days) Date Withdrawn: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Verification Date: _____ Follow-up Date: _____ Results: _____
 Follow-up Official's Signature: _____ Date: _____

Part 7. Ephrata Area School District Survey

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on you Free and Reduced Price School meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children receive free or reduced price meals.**

- No! **I DO NOT** want information from my Free and reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete section. Your information will not be shared.

- Yes! **I DO** want school officials to share information to determine my child(ren)'s eligibility for free or reduced price academic testing: i.e., Standard Achievement Test (SAT)
- Yes! **I DO** want school officials to share information to determine my child(ren)'s eligibility to receive free or reduced price Head Start meals
- Yes! **I DO** want school officials to share information with local health organizations to determine my child(ren)'s eligibility for free or reduced price school sponsored health services. (Examples: Inoculation, vision, dental services).
- Yes! **I DO** want school officials to share information to determine my child(ren)'s eligibility for summer job training programs other than those provided by the Perkins Vocational and Technical Educational Act of 1990.
- Yes! **I DO** want school officials to share information to determine my child(ren)'s eligibility for local education services: i.e., free or reduced fees for summer school text books, etc.

If you checked yes to any or all of the boxed above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability or retaliation. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410* or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Part 1. If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number. (9 digits)

Part 2: Check the appropriate box, if any, and contact Kim Schlemmer at 717-721-1513.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Part 3. If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Part 4. ALL OTHER HOUSEHOLDS, including Women, Infants, Children (WIC) households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income during last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –How often did you get paid last month and what was the gross amount. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, regular saving account withdrawals, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have one.

Part 6: Answer this question if you choose to

Part 7: Answer this question if you choose to.

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

| FEDERAL INCOME CHART For School Year 2009-2010 | | | |
|---|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$20,036 | \$1,670 | \$386 |
| 2 | \$26,955 | \$2,247 | \$519 |
| 3 | \$33,874 | \$2,823 | \$652 |
| 4 | \$40,793 | \$3,400 | \$785 |
| 5 | \$47,712 | \$3,976 | \$918 |
| 6 | \$54,631 | \$4,553 | \$1,051 |
| 7 | \$61,550 | \$5,130 | \$1,184 |
| 8 | \$68,469 | \$5,706 | \$1,317 |
| Each additional person: | \$6,919 | \$577 | \$134 |