

ATTACHMENT B
LETTER TO HOUSEHOLD
School Year: 2006-2007

Dear Parent/Guardian:

Children need healthy meals to learn. Buffalo Valley Public Schools offers healthy meals every school day. Breakfast costs \$.50 ; lunch costs \$ 1.00 . Your children may qualify for free meals or for reduced-price meals. Reduced-price charges are \$.30 for breakfast and \$.40 for lunch.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced-price meals. *Use one Application for Free and Reduced-Price Meals 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:**

Buffalo Valley

Rt. 2, Box 3505, Talihina, OK 74571

(Address)

Public Schools,

918-522-4426

(Phone Number)

2. **Who can get free meals?** Children in households getting food stamps, Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. **Can homeless, runaway, and migrant children get free meals?** Please call Buffalo Valley School School, Homeless Liaison, or Migrant Coordinator to see if your children qualify if you have not been informed that they will get free meals.

4. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Guidelines.

5. **Should I fill out an application if I was told this school year that my children are approved for free or reduced-price meals?** Call the school at (918) 522-4426 if you have questions.

6. **I get Women, Infants, and Children (WIC). Can my children get free meals?** Children in households participating in WIC **MAY** be eligible for free or reduced-price meals. Please fill out an application.

7. **Will the information I give be checked?** Yes, we may ask you to send written proof.

8. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income comes down, or if you start getting food stamps, TANF, or FDPIR benefits. If you lose your job, your children may be able to get free or reduced-price meals.

9. **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:

Buffalo Valley

Public Schools,

Rt. 2, Box 3505, Talihina, OK 74571

(Address)

918-522-4426

(Phone Number)

10. **May I apply if someone in my household is not a United States citizen?** Yes. You or your children do not have to be a United States citizen to qualify for free or reduced-price meals.

11. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have any other questions, or need help, call (918) 522-4426.

Sincerely,

Ira Harris, Superintendent

LETTER TO HOUSEHOLD
INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS, TANF, OR FDPIR, follow these instructions:

- Part 1:** List children's names, schools, grades, birth dates, and food stamp, TANF, or FDPIR case numbers.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A social security number is not necessary.
- Part 5:** Answer this question if you so choose.
- Part 6:** Other Benefits: Your children may be eligible for a new *health insurance program for children (Sooner Care Benefits)*. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.

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, grade, and birth date.
- Part 2:** Check the box, and list the child's personal use monthly income. Write **ZERO** if the foster child does not get personal use income.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A social security number is not necessary.
- Part 5:** Answer this question if you so choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, grade, and birth date.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from 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—Gross income last month and how often it was received.** 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 Income* column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's (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 4:** 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 5:** Answer this question if you so choose.
- Part 6:** Other Benefits: Your children may be eligible for a *health insurance program (Sooner Care Benefits)*. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.

ATTACHMENT C
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
School Year: 2006-2007

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	Birth Date	Food Stamp, TANF, or FDIPIR Case Number (if any). <i>Skip to Part 4 if you list a food stamp, TANF, or FDIPIR case number.</i>

Part 2: 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 4.*

Part 3: Total Household Gross Income—You must tell us how much and how often

1. Name (List <i>everyone</i> 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	
<i>(Example)</i> 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"/>
	\$_____ / _____	\$_____ / _____	\$_____ / _____	\$_____ / _____	<input type="checkbox"/>

Part 4: Signature and Social Security Number (Adult Must Sign): An adult household member must sign the application. If Part 3 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: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ ☐ I do not have a social security number.

Part 5: 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 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: _____

Categorical Eligibility: ☐ Eligibility: Free ☐ Reduced-Price ☐ Denied ☐ Reason: _____

Zero Income ☐ Temporary Until: _____ Until: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

6. **OTHER BENEFITS:** You do not have to complete this part to get free or reduced-price school meals.

Health Insurance ☐ Yes, I want health insurance for my children. School officials may give information from my Application for Free and Reduced-Price Meals to the Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.

☐ No, I **DO NOT** want information from my Application for Free and Reduced-Price Meals shared with Medicaid or the State Children's Health Insurance Program.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 18,130	\$ 1,511	\$ 756	\$ 698	\$ 349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196
For each additional family member, add:	\$ 6,290	\$ 525	\$ 263	\$ 242	\$ 121

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 children 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, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number for your children 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 children are 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.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to **USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410** or call 202/720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Do not fill out this part. This is for school use only.

Confirmation Review: Yes ☐ No ☐

Date Verification Notice Sent: _____ Response Due From Household: _____

Second Notice Sent: _____

Verification Result: No Change ☐ Free to Reduced-Price ☐ Free to Full-Price ☐ Reduced-Price to Free ☐ Reduced-Price to Full Price ☐

Reason for Eligibility Change: Income ☐ Household Size ☐ Refused to Cooperate ☐ Change in Food Stamp/TANF/FDPIR ☐

Other: _____

Date Notice of Change Sent to Parent/Guardian: _____

Signature of Verifying Official: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)