

**ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS
EFFECTIVE JULY 1, 2011**

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$14,157	\$1,180	\$273	\$20,147	\$1,679	\$388
2	19,123	1,594	368	27,214	2,268	524
3	24,089	2,008	464	34,281	2,857	660
4	29,055	2,422	559	41,348	3,446	796
5	34,021	2,836	655	48,415	4,035	932
6	38,987	3,249	750	55,482	4,624	1,067
7	43,953	3,663	846	62,549	5,213	1,203
8	48,919	4,077	941	69,616	5,802	1,339
Each add'l member	+4,966	+414	+96	+7,067	+589	+136

Family/Household means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

Income means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Income does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

Current Income is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from last month) may be used; for example, self-employed people, farmers, and migrant workers.

Foster Children whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household is categorically eligible for free meals and may be certified without a application. Households with foster and non foster children may chose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non foster children.

Institutionalized Children are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

Adopted Children for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

LETTER TO PARENTS
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs [\$]; lunch costs [\$]. Your children may qualify for free or for reduced price meals. Reduced price is [\$] for breakfast and [\$] for lunch.

Household Size	Annually	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each Add'l Member	+7,067	+589	+136

- 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 Free and Reduced Price School Meals Application 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: **Susan Bias, St. Joan or Arc School, 5821 Pernod Avenue, St. Louis, Missouri 63139, 314.752.7928.**
- 2. WHO CAN GET FREE MEALS?** All children in households getting Food Stamps, Temporary Assistance, or the Food Distribution Program on Indian Reservations can get free meals regardless of income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.
- 3. CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS?** Please call **Susan Bias** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 5. WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits.
- 6. SHOULD I FILL OUT AN APPLICATION IF I GOT A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE OR REDUCED PRICE MEALS?** Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free meal benefits for the 2011-2012 school year.
- 7. MY CHILDS APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
- 8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food Stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
11. 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: **Msgr. Michael Turek, St. Joan of Arc Rectory, 5800 Oleatha Avenue, St. Louis, Missouri 63139, 314.832.2838.**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. 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.
14. 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.
15. 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. Exclude military combat pay received by service members during a deployment. All other allowances must be included in your gross income.

If you have other questions or need help, call **314.752.7928**.

Sincerely,



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 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:

Part 1: List child(ren)'s name, school and grade.

Part 2: If any child or adult in the household is receiving Food Stamp or Temporary Assistance provide the name and case number. Food Stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable. Currently an EBT number starts with 5076. If you do not know your Food Stamp or Temporary Assistance number, call your local Family Support Division, Social Services office.

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 chose to.

If you are applying for a FOSTER CHILD or a household with a foster child(ren), follow these instructions:

Part 1: List the child's name, school, grade, personal use income received (write "0" if no personal use income) and check box. List all non-foster children in household, name of school, grade and income.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: If there are non-foster children in the household, follow directions in ALL OTHER HOUSEHOLDS, Part 4.

Part 5: Sign the form. If filling out for only foster children, a Social Security Number is not necessary. If additional non-foster children are in the household, list last four digits of Social Security Number of the adult signing the form or mark the box if he or she does not have one.

Part 6: Answer this question if you choose to.

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

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

Part 2: Skip this part.

Part 3: Skip this part.

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

Column 1—Name: List the first and last name of each person **not listed in Part 1**, living in your household, related or not (such as grandparents, other relatives, or friends) including yourself. 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 received it (weekly, every other week, twice a month, or monthly). List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income in the appropriate categories. In the other income column, include Worker's Compensation, unemployment, strike benefits, 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 received it. If you are in the Military Housing Privatization Initiative do not include this housing allowance. Exclude military combat pay received by service members during a deployment.

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 last four digits of Social Security Number of the adult signing the form, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

SCHOOL YEAR 2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION – ONE APPLICATION PER HOUSEHOLD

PART 1. CHILDREN IN SCHOOL

Names of all children in school (First, Middle Initial, Last)	Name of School	Grade	Student		Check if a foster child (legal responsibility of welfare agency or court)
			Income	How Often	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives Food Stamps or Temporary Assistance, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives benefits go to part 3.

Name: _____ Case Number: 00 _____

PART 3. HOMELESS, MIGRANT, OR RUNAWAY

If any child you are applying for is homeless, migrant, or a runaway contact the school/district Homeless Liaison/Migrant Coordinator at [phone number of Homeless Liaison/Migrant Coordinator]

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List Everyone in Household Not Listed in Part 1) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA Benefits		All Other Income		
	Income	How Often	Income	How often	Income	How often	Income	How often	
									<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 3 is completed, the adult signing the application must also list his or her last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)
 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: _____
 Address: _____ City: _____
 Zip Code: _____
 Phone Number: _____ Last 4 digits of Social Security Number: *** - ** - _____ I do not have a Social Security Number

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

PART 6. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities: Asian Black or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White American Indian or Alaska Native Other Not Hispanic or Latino

Mark one ethnic identity: Not Hispanic or Latino

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 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

DO NOT FILL OUT THIS SECTION. 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 (Use Only if Multiple Income Frequency)
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household Size: _____
 Food Stamps/Temporary Assistance
 Eligibility: Free Reduced Denied Reason: _____
 Date Withdrawn: _____
 Temporarily: Free Reduced Temporarily Approved Until: _____ (allow no more than 45 calendar days)
 Until: _____
 Determining Official's Signature: _____ Date Approved/Denied: _____
 Confirming Official's Signature (For verification purposes only): _____ Date: _____