FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Amana Academy offers healthy meals every school day. This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from **SNAP** or **TANF** are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,828	\$1,986	\$993	\$ 917	\$ 459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$ 1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$ 1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$ 1,589
For each additional family member add	\$8,399	\$ 700	\$ 350	\$ 324	\$ 162

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Jamie Albright** (jalbright@amanaacademy.org or 678-624-0989.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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 the front office

- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact school officials immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit https://paypams.com/OnlineApp.aspx to begin or to learn more about the online application process. Contact Niki Fox (nfox@amanaacademy.org or 678-624-0989 if you have any questions about the online application.
- 6. 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 30 operating 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. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 10. 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: **Niki Fox** (nfox@amanaacademy.org or 678-624-0989.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank as we will assume you <u>meant</u> to do so.
- 14. 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, 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.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact the front office to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-877-423-4746**.

If you have other questions or need help, please contact the school office.

Sincerely,

Amana Academy

2021-2022 Prototype Household Application for Free and Reduced Price School Meals

Amana Academy

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household	Child's First Name		МІ	Child's Last Nar	ne			Grade Ye	Student? Homeless, Foster Migrant, IS No Child Runaway
Member : "Anyone who is living with you and shares income and expenses, even									
if not related."									a b b b b b b b b b b b b b b b b b b b
Children in Foster care and children who meet the									all that apply
definition of Homeless , Migrant or Runaway are eligible for free meals. Read									Check Check
How to Apply for Free and Reduced Price School									
Meals for more information.									
STEP 2 Do any l	Household Members (including you) cur	ently par	rticipate ir	one or more of the	e following as	sistance progra	ms: SNAP, TANF, or FDPIR?		
	If NO > Go to STEP 3. If '	(ES > W	Vrite a case	e number here then g	o to STEP 4 (D	o not complete ST	Case Number:		
				_	_			Write o	nly one case number in this space.
STEP 3 Report I	ncome for ALL Household Members (Skip t	his step if	f you answ	ered 'Yes' to STEP :	2)				
	A. Child Income						Child income Weekly	How often? Bi-Weekly 2x Month Monthly	
	Sometimes children in the household earn o Household Members listed in STEP 1 here.	receive in	come. Plea	se include the TOTAL	income receive	d by all		DI-VVEEKIY 2X MONUT MONUTY	
							\$	0 0 0	
Are you unsure what	B. All Adult Household Members (in List all Household Members not listed in STE			f) even if they do not r	eceive income.	For each Household	d Member listed, if they do receive	income, report total qu	oss income (before taxes)
income to include here?	for each source in whole dollars (no cents) of	nly. If they	do not rece	=		If you enter '0' or le		ying (promising) that th	•
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnii	ings from Work	How often Weekly Bi-Weekly 2x N		Public Assistance/ Child Support/Alimony	How often? Weekly Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	How often? Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$		000	0 0	\$	0 0 0 0	\$	0 0 0 0
The "Sources of Income for Children" chart will		\$		0 0 0		\$	0 0 0 0	\$	0 0 0 0
help you with the Child Income section.		\$		0 0 0) ()	\$	0 0 0 0	\$	0 0 0 0
The "Sources of Income for Adults" chart will help		\$		0 0 0		\$	0 0 0	\$	
you with the All Adult Household Members section.		\$.				\$		\$	
Scotori.] ' <u> </u>	a Dimita af	Social Security Number		*		<u> </u>	
	Total Household Members (Children and Adults)			Social Security Numbe ner or Other Adult Hous		X X X	X X	Check if no SSN	
STEP 4 Contact	information and adult signature.								
'I certify (promise) that all informa	ition on this application is true and that all income is repo	orted. I unde	erstand that th	is information is given in c	connection with the	receipt of Federal fund	ds and that school officials may verify (ch	neck) the information. I am	aware that if I purposely give
	y lose meal benefits, and I may be prosecuted under ap								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address (if available)	Apt#	Ci	ity		State	Zip	Daytime Phone and	Email (optional)	
	·								
Printed name of adult signing	· · · · · · · · · · · · · · · · · · ·		ignature of a				Today's date		

Sources of Income for Children				
Sources of Child Income	Example(s)			
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages			
Social Security Disability payments Survivor's benefits	 - A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits 			
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

Date

Determining Official's Signature

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Regular cash payments from outside household			

Verifying Official's Signature

Date

OPTIONAL	Children's Racial and Ethnic Identities					
Responding to t	this section is optional and does not affect your children's eligibility for free one): Hispanic or Latino Not Hispanic or Latino	mation is important and helps to make sure we are fully serving our community. e or reduced price meals. Black or African American Native Hawaiian or Other Pacific Islander White				
Race (check one or more): American Indian or Alaskan Native Asian 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. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or		Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov.				
Do not fill out	For School Use Only	This institution is an equal opportunity provider.				
Annual Income C	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x How often? Weekly Bi-Weekly 2x Month Monthly Household Size Cote	Eligibility: Free Reduced Denied Pagorical Eligibility O O				

Confirming Official's Signature

Date