

Parent or Guardian
Address

DEAR PARENT OR GUARDIAN,

Duval County Public Schools serves nutritious meals every school day. Students may buy lunch for \$1.50 in Elementary Schools and \$2.00 in Middle/High Schools. Students may buy breakfast for \$1.00 in Elementary Schools and \$1.25 in Middle/High Schools. Qualified students may also receive meals for free, or at a reduced price of \$0.30 for breakfast and \$0.40 for lunch.

To apply for free or reduced price meals, please read the instructions for completing the application on the reverse side of this letter. **We cannot approve an application that is not complete**, so please be sure to fill out all of the required information and return it to the cafeteria manager of your student's school or fax the application directly to the Free and Reduced Department at 732-5157 located at 2924 Knights Lane East, Bldg 6, Jacksonville, FL 32216.

Please submit only ONE APPLICATION PER HOUSEHOLD!

Once you have been approved for benefits, they are good for the entire school year. However, the information on the application may be verified at any time during the year. If a household's circumstances change, the household may apply for benefits at any time during the year. Children of parents or guardians who become unemployed may be eligible for free or reduced price meals during the period of unemployment. WIC participants may also be eligible for free or reduced price meals. Foster children may be eligible for free or reduced price meals regardless of the household income.

The Free and Reduced Department's main number is 732-5145. Please call this number if you have questions regarding free or reduced price meals. We are located at 2924 Knights Lane East, BLDG 6, Jacksonville, FL 32216.

Households may request a hearing to appeal the application decision. Please call 732-5145 if you wish to appeal the decision.

Si surge la necesidad por una aplicacion en Espanol, el telefono de contacto es - **904-732-5145** – preguntar por Veronica.

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 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.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer".

*All meals served meet nutritional standards as set by the U.S. Department of Agriculture. If your child has a disability as defined by the **Americans With Disability Act**, and that disability prevents your child from eating the regular school meals, the school will make any substitutions prescribed by a medical professional at no extra charge. The school is not required to make a substitution for a food allergy unless the allergy meets the definition of disability. If you believe your child needs substitutions because of a disability, please contact the cafeteria manager at your child's school for further information.*

~ INSTRUCTIONS ~

2010 - 2011 FAMILY APPLICATION FOR MEAL BENEFITS

PART 1 List all students in household currently attending Duval County Public Schools. You must include last name, first name, birth date and student income. Mark an (X) in the box if the student is New (to Duval County), a Pre-Kindergartner or a Kindergartner.

NO INCOME: If a student in your household has no income, mark an (X) in the box for NO STUDENT INCOME to the right of the student's grade.

Please list gross income for each student living in the household including how much and how often, if applicable.

PART 2 List the SNAP or TANF case number (Temporary Assistance for Needy Families) for each student listed. This should be a ten digit number. Please do not use the Food Stamp or TANF card number. Households who are currently members of the certified SNAP or TANF programs may skip to Part 7 when completing the family application.

PART 3 You must complete one application for each Foster student. You must include last name, first name, birth date and student income. If this child is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income.

PART 4 Please check the appropriate box if student is Homeless, Migrant, or a Runaway. You will need to contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546. Only seasonal, migrant, or self-employed families are permitted to report annual income.

PART 5 List everyone living in the household who is not a student currently attending a Duval County Public School. Please list gross income for each member living in the household including how much and how often, if applicable. Only seasonal, migrant, or self-employed families are permitted to report annual income.

INSTRUCTIONS FOR HOUSEHOLDS WITH DEPLOYED SERVICE MEMBERS:

For the purpose of determining household size, families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals. The Military Housing Privatization Initiative states that you do not include the housing allowance.

NO INCOME: If a member of your household has no income, mark an (X) in the box on the far right of the page beside the household member's name.

If you do not list any income on your application, it is only valid for 45 days. You must reapply in order to be eligible for benefits.

PART 6 All applicants must complete this section. The Free & Reduced Price Meal Department may need to contact you for additional information. Incomplete applications cannot be processed.

PART 7 Please sign and date your application because it cannot be processed without a Signature and Social Security Number if required.

2010 - 2011 FAMILY APPLICATION FOR MEAL BENEFITS

Duval County Public Schools

Use **BLUE** or **BLACK** ink (Use tinta **AZUL** o **NEGRA**)
 PRINT NEATLY (ESCRIBIR CLARAMENTE CON LETRA DE MOLDE)
 Complete **ONE APPLICATION** for ALL STUDENTS in the household.
 Complete **UNA APLICACION** para **TODOS ESTUDIANTES** en la casa.

Put an X for a New or PreK/K Student	1	STUDENT'S INFORMATION - List ALL students attending Duval County Public Schools EXCEPT FOSTER STUDENTS (SEE PART 3). Indique los niños en escuelas de Duval County que viven con usted. No incluye acogidos (VEA LA PARTE 3)	STUDENT INCOME (Ingresos del Estudiante)	2	SNAP and TANF (Formerly Food Stamp)					
Student ID Number (Número de Identificación del Estudiante) (FOR OFFICE USE ONLY) (PARA USO DE LA OFICINA)	Last (Apellido)	First (Nombre)	MI (Inicial)	Student's Date of Birth (Fecha de Nacimiento)	School Name (Nombre de la Escuela)	Grade (Grado)	*X* if NO Income ("X" si no ingresos)	List amount and how often. (Anote la cantidad y frecuencia)	Weekly / Bi-Weekly / 2 X Monthly / Monthly	Enter 10 Digit Number Below (DO NOT LIST CARD #)
New PreK/K	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
List the case number for ANY household member (including adults and children) receiving SNAP or TANF benefits. (Liste el Número del caso para CUALQUIER miembro de su hogar (incluid adultos y niños) que recibe los beneficios de SNAP o TANF.										GO TO PART 7

Put an X for a New or PreK/K Student	3	FOSTER CHILD (MENOR A CARGO DE SERVICIOS SOCIALES) - Use a separate application for each foster child. (Use una aplicación adicional por cada niño/a acogido/a) List the foster child and their personal use monthly income in the space provided, and complete Part 7. Liste el niño acogido y anote los ingresos que recibe el niño para su uso personal, y complete Parte 7.	Foster Personal Use Monthly Income. Write "0" if none. Anote los ingresos que recibe el niño para su uso personal. Si no recibe ningún ingreso, escriba "0".	Insert income if child is the legal responsibility of a welfare agency or court.	
Foster Student Number (Número de Identificación del Estudiante) (FOR OFFICE USE ONLY - PARA USO DE LA OFICINA)	Foster Child's Name (Nombre del niño acogido)	Student's Date of Birth (Fecha de Nacimiento)	School Name (Nombre de la Escuela)	Grade (Grado)	\$
New PreK/K	Last (Apellido)	First (Nombre)	MI (Inicial)	/ /	/ /
Go to PART 7 and Sign.					

4	HOMELESS, MIGRANT OR RUNAWAY If Homeless, Migrant or a Runaway, check one. - Contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546. Si el niño para quien usted está llenando esta solicitud es un niño sin hogar, migrante o un niño que ha abandonado su hogar, marque uno - <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway Contacto Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546.
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5	INCOME SECTION - You must tell us HOW MUCH and HOW OFTEN. List EVERYONE in Household, regardless of income, EXCEPT THE STUDENTS who are listed above. If the household member has income, list the income amount and specify how often that income is received. If the household member has no income, mark an "X" in the zero income box. Si algún miembro familiar recibe ingresos, anotar la cantidad y frecuencia que recibe el pago. Si la persona no tiene ningún ingreso, marque el cuadro para ingresos de cero.
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List ALL household members that are NOT students in PART 1. Liste los nombres de todo los miembros de su Hogar; sin incluir los estudiantes en PARTE 1.	Earnings from work before deductions (Ingresos brutos (antes de impuestos))	Weekly / Semanal Bi-Weekly / 2 Semanas 2 X Monthly / Quincenal Monthly / Cada mes	Welfare / Child Support / Alimony (Ingresos de Ayudas Sociales, Pensiones Infantiles o Pensiones Alimenticias)	Weekly / Semanal Bi-Weekly / 2 Semanas 2 X Monthly / Quincenal Monthly / Cada mes	Pensions / Retirement / Social Security (Ingresos de Pensiones, Jubilación y Seguro Social)	Weekly / Semanal Bi-Weekly / 2 Semanas 2 X Monthly / Quincenal Monthly / Cada mes	Other Income (Ingresos Otros)	Weekly / Semanal Bi-Weekly / 2 Semanas 2 X Monthly / Quincenal Monthly / Cada mes	Check here if NO Income (Marque si no ingresos)
Last (Apellido)	First (Nombre)	\$	\$	\$	\$	\$	\$	\$	\$
W E T M	W E T M	W E T M	W E T M	W E T M	W E T M	W E T M	W E T M	W E T M	W E T M

6	Address (Dirección postal o de domicilio) _____ Apt. _____ City (Ciudad) _____ State (Estado) _____ Zip Code (Código Postal) _____ MUST LIST PHONE CONTACTS (DEBE LISTAR CONTACTOS de TELEFONO): Day (Día) _____ - _____ - _____ Evening (Tarde) _____ - _____ - _____ Other (Otro) _____ - _____ - _____ DO NOT WRITE IN THIS AREA 0686210935
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7	SIGNATURE AND SOCIAL SECURITY NUMBER - Adult must sign (FIRMA Y NUMERO DE SEGURO SOCIAL - debe firmar un adulto) 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. Yo certifico (prometo) que toda información en esta aplicación es verdad y que todos ingresos se informan. Entiendo que la escuela obtendrá los fondos federales basados en la información que doy. Entiendo que funcionarios de la escuela pueden verificar la información. Entiendo que si doy deliberadamente información falsa, mis niños pueden perder los beneficios de comida, y yo puedo ser procesado). Parent/Guardian First Name (Nombre de pila del padre/tutor) _____ Parent/Guardian Last Name (Apellido del Adulto del Hogar) _____ Date (Fecha) ____/____/____ Social Security Number (Número del Seguro Social) _____ <input type="checkbox"/> I do not have a Social Security Number No tengo un Número del seguro social <input checked="" type="checkbox"/> Signature of adult household member (Firma del Miembro Adulto del Hogar)
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Households may request a hearing to appeal the application decision. Please call 732-5145 if you wish to appeal.

An ADULT household member MUST SIGN and include his/her SOCIAL SECURITY NUMBER above.