

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.

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 where they reside.

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.

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 - **904-390-2202**.

Privacy Act Statement: This explains how we will use the information you give us.

The 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. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. 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 misuse 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 to 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.*

~ I N S T R U C T I O N S ~

2008 - 2009 FAMILY APPLICATION FOR MEAL BENEFITS

PART 1 You must complete one application for each Foster student. You must include last name, first name, birth date and student income.

PART 2 If Homeless, Migrant, or a Runaway you will need to contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546.

PART 3 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.

PART 4 List the food stamp 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 food stamp or TANF programs may skip Part 5 when completing the family application.

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.

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.

TOTAL MEMBERS CURRENTLY LIVING IN HOUSEHOLD: Add the total household members in Part 3 and Part 5 and insert in the box below.

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 Optional

PART 7 Optional

PART 8 All applicants must complete this section. The Free & Reduced Price Meal Department may need to contact you for additional information.

PART 9 Please sign and date your application because it cannot be processed without a signature.

**2008 - 2009 FAMILY APPLICATION FOR MEAL BENEFITS
 DUVAL COUNTY PUBLIC SCHOOLS
 ONE APPLICATION PER HOUSEHOLD**

APPLICATION # _____

REVISED 05-09-08

PART 1. FOSTER CHILD - USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD.

Put an X for a New or PreK/K Student	<input type="checkbox"/>	Foster Student Number <small>(FOR OFFICE USE ONLY)</small>	Foster Student Last Name	Foster Student First Name	Foster Student Birth Date	Foster Monthly Income	School Name
New	PreK/K					\$.	
					M M - D D - Y Y		

Go to PART 9 and Sign. ↓

PART 2. If Homeless, Migrant or a Runaway - Contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546.

Homeless
 Migrant
 Runaway

PART 3. STUDENT INFORMATION - List ALL Students Attending Duval County Public Schools EXCEPT FOSTER STUDENTS.

PART 4. FOOD STAMP OR TANF CASE #
(DO NOT LIST CARD NUMBER)

New	PreK/K	Student Number <small>(FOR OFFICE USE ONLY)</small>	Student Last Name	Student First Name	Student Birth Date <small>M M - D D - Y Y</small>	Student Income		Enter 10 Digit Number Below <small>(MUST LIST FOR EACH STUDENT)</small>
						How Much	How Often	
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		

PART 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.

List LAST and then FIRST NAME <small>(DO NOT Include Any Students Listed Above)</small>	Work Income Before Deductions		Welfare, Child Support, Alimony		Social Security, Pensions, Retirement		All Other Income		Put an X for NO INCOME
	How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often	
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		

TOTAL MEMBERS CURRENTLY LIVING IN HOUSEHOLD (Include all Household Members in Parts 3 and 5) →

PART 6. We will share the information on this form with other Federal programs for which you might be eligible. If you want this information shared, please check this box. →

PART 7. LOW COST HEALTH INSURANCE is now available to children through Medicaid or the State Children's Health Insurance Program. Many children who are eligible for meals through the National School Lunch and Breakfast Programs are also eligible for low cost health insurance. IF YOU WANT information on this form to be shared with Medicaid or the State Children's Health Insurance Program, sign here. X

PART 8.

ADDRESS _____ APT. _____

CITY _____

STATE _____ ZIP CODE _____ OTHER _____

PART 9. I certify that all of the information on this form is true and correct and also the Food Stamp Number is current and correct. I have reported all household income. I understand that this information is given for the receipt of Federal Funds so school officials may verify the information on the application. I can be prosecuted under some State and Federal Laws for deliberate misrepresentation of the information on this application.

SIGNATURE X _____ **DATE** _____

The **ADULT** who completes this application **MUST SIGN ABOVE** and include his/her **SOCIAL SECURITY NUMBER** below.
 (A Social Security Number is not required on Food Stamp, TANF, or Foster Child Applications.)

- -

SOCIAL SECURITY NUMBER

If you **DO NOT** have a Social Security Number, put an X in this box. →

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR REDUCED PRICE MEALS

REDUCED PRICE MEAL SCALE Effective from July 1, 2008 to June 30, 2009

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional family member, add	6,660	555	278	257	129

Remember: The total income before health benefits, social security, taxes, union dues, or other deductions, must be reported.

INCOME THAT MUST BE REPORTED

EARNINGS FROM WORK

- Net Income from self-owned Business or Farm
- Strike Benefits
- Unemployment Compensation
- Wages/Salaries/Tips
- Worker's Compensation

PENSION/RETIREMENT/SOCIAL SECURITY

- Pensions
- Retirement Income
- Social Security
- Supplemental Social Security Income
- Veterans Payments

WELFARE/CHILD SUPPORT/ALIMONY

- Alimony Payments
- Child Support Payments
- Public Assistance
- Welfare Payments

OTHER INCOME

- Annuities
- Cash Withdrawn From Savings
- Disability Benefits
- Income from Estate/Trusts/Investments
- Interest/Dividends
- Net Rental Income
- Regular Contributions from Persons Not Living in Your Home
- Any Other Income

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