

WEST BABYLON SCHOOLS  
10 Farmingdale Road  
West Babylon, NY 11704

2010 - 2011 School Year

Dear Parent/Guardian:

Children need healthy meals to learn. The West Babylon School District offers healthy meals every school day. Breakfast costs \$1.25 in the elementary schools and junior high and \$1.50 in the senior high. Lunch costs \$2.00 in the elementary schools and \$2.25 in the secondary schools. Children from households that meet Federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$.25 for breakfast and lunch. To apply for free or reduced price meals, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance **OR** complete the enclosed application, sign it and return it to the lunch office as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information.

1. **Do I need to fill out an application for each child?** Complete the application to apply for free or reduced price meals. Do not fill out more than one application for your household.
2. **Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines. Each foster child must be listed on a separate application, with Part 2 completed and include an adult signature.
3. **Can homeless, runaway and migrant children get free meals?** Please call [**school, homeless liaison or migrant coordinator**] to see if your child(ren) 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 Chart, shown on this application.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you received carefully and follow the instructions. Call the lunch office at 631-376-7751/7752 if you have questions.
6. **My child's 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 year.
7. **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.
8. **Will the information I give be checked?** The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing, if you have been selected for Verification. School officials may ask you to send papers showing that your child should receive free or reduced price meals at the time you applied.
9. **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 getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
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:

Mr. Arthur Williams, Executive Director of Finance and Operations  
200 Old Farmingdale Road  
West Babylon, New York 11704  
631-376-7701

11. **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.
12. **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.
13. **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.
14. **We are in the military. Do we include our housing allowances as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. **My family needs more help. Are there other problems we might apply for?** To find out how to apply for (State SNAP) or other assistance benefits, contact your local assistance or call (State hotline number).

Income Chart: The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the Income Chart below, your children can get reduced price meals and may be eligible to receive free meals.

**REDUCED PRICE ELIGIBILITY INCOME CHART**  
Effective from July 1, 2010 to June 30, 2011

Household Size	Annual	Month	Twice-Monthly	Bi-Weekly	Weekly
1.....	\$ 20,036	\$1,670	\$ 835	\$ 771	\$ 386
2.....	26,955	2,247	1,124	1,037	519
3.....	33,874	2,823	1,412	1,303	652
4.....	40,793	3,400	1,700	1,569	785
5.....	47,712	3,976	1,988	1,836	918
6.....	54,631	4,553	2,277	2,102	1,051
7.....	61,550	5,130	2,565	2,368	1,184
8.....	68,469	5,706	2,853	2,634	1,317
For each additional family member add.....	6,919	577	289	267	134

How to Apply: To get free or reduced price meals for your children you may submit a **Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application** for your household and return it to the designated office. If you now receive food stamps, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR number and the signature of an adult household member. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers. If you do not list a food stamp, TANF or FDPIR number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and that adult's social security number, or the word "**none**" if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. **You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps.**

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Nondiscrimination 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, D.C. 20250-9410* or call *(800)795-3272* or *(202)720-6382 (TTY)*. *USDA is an equal opportunity provider and employer*

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students' names, addresses and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program and federal, State or local nutrition programs similar to the National School Lunch Program. Additionally, *all* information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, state or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

We will let you know when your application is approved or denied.

Sincerely,



Adrienne Goldenbaum  
School Lunch Director

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to the Lunch Office. Please complete a separate application for each foster child. Call the school if you need help: 631-376-7754. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

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**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
  - (2) List their grade and school.
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**PART 2 HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5.** A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- (1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PART 4. Do not list any other children, household members or income, or a social security number.
  - (2) A foster parent or other official representing the child must sign the application in PART 5.
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**PART 3 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE PART 3 AND SIGN PART 5. LIST ALL CHILDREN LIVING IN YOUR HOUSEHOLD EVEN IF THEY DO NOT RECEIVE BENEFITS.**

- (1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.
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**PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly (every two weeks), monthly, 2 x per month.** Changes in income during the school year no longer need to be reported.
  - (3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
  - (4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.
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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. If a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

### DISCRIMINATION COMPLAINTS

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, gender, or disability. To file a complaint, 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.

Date Withdrew \_\_\_\_\_

\_\_\_\_ F \_\_\_\_ R \_\_\_\_ D

\_\_\_\_ Temp Free/Date Expires\* \_\_\_\_\_

**2010-2011 FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK**

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to the Lunch Office at 631-376-7751. If you need help. For additional names, list on a sheet of paper.

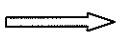
**1. CHILDREN IN SCHOOL:** (Complete only one application for your family. Foster children must have separate applications.)

Children's Names (Last, First, MI)	Grade/Teacher	School

**2. FOSTER CHILD:** If the above named child is the legal responsibility of a welfare agency or court, check this box.  List the child's personal use income: \_\_\_\_\_ (Write "0" if the child has no personal use income.) Skip to Part 5.

**3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):** Complete this section and sign the application in Part 5 **OR** submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Include all children living in your household regardless of whether or not they receive benefits. Write your case number as provided on your benefit letter. Benefit card or Medicaid numbers will not be accepted. Food Stamp Case #: \_\_\_\_\_ TANF/FDPIR Case #: \_\_\_\_\_

**4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:** If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples 	<b>CURRENT INCOME/PAY PERIOD</b>			
	Examples: \$100/weekly, \$100/bi-weekly(every two weeks), \$100/2x per month, \$100/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
List the names of everyone in your household	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
7. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**5. SIGNATURE:** An adult household member **MUST** sign the application before it can be approved. I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** If Part 4 is completed, the adult who signs the application must provide his/her Social Security number. See additional information for completing Part 5 in the Application Instructions provided.

**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

**ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS):**  
WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; MONTHLY X 12

- FOOD STAMP, TANF, FOSTER CHILD
- INCOME HOUSEHOLD: Total Household Income/Frequency: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_
- Application APPROVED for:  Free Meals  Reduced Price Meals
- \* Temporary Free (expires in 45 days)\* \_\_\_\_/\_\_\_\_/\_\_\_\_  Application DENIED

Date Notice Sent: \_\_\_\_\_ Signature of Reviewing Official: \_\_\_\_\_ Date: \_\_\_\_\_