

APPENDIX 15

SAMPLE FREE MEAL APPLICATION FORM ¹

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

NOTICE OF FREE OR REDUCED PRICE MEAL POLICY – USE ONE APPLICATION FOR ALL STUDENTS IN YOUR HOUSEHOLD - ONLY FOSTER CHILDREN USE ONE FORM FOR EACH CHILD

Dear Parent/Guardian:

The School Board of Broward County, serves nutritious meals every school day. All meals served meet nutrition standards set by the U.S. Department of Agriculture. Students may buy lunch for \$1.00 in Elementary School, \$1.35 in Middle and \$1.50 in High; and breakfast for \$.50 in Elementary and \$.60 for Middle/High School. Children may also get free or reduced price meals. Reduced price meals are \$.40 cents for lunch and \$.30 for breakfast. Charter schools' may differ from Broward County Schools' meal prices; please check with your child's charter school for meal prices. If a child has been determined by a doctor to be handicapped and the handicap prevents the child from eating the regular school meal, the school will make reasonable substitutions prescribed by a doctor.

To apply at any time during the year for free or reduced price meals for your children, complete the application and return it to the school. **Please answer all questions on this form. For assistance with an application for meal benefits, you may visit our website at www.broward.k12.fl.us/schoolfoodservice.** An application which does not contain total household income, the names of all household members, the total number of household members, the social security number of the household member signing this application or state that the household member does not have one, your Food Stamp or TANF case number, and the signature of an adult household member can not be processed. You will receive written notification within ten days of receipt of the application. If you do not agree with the district's decision, you may wish to discuss your application. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling the Food and Nutrition Office at (754) 321-0250, outside Broward County 1 (866) 754-2973 or by writing to the Director of Food and Nutrition Services, 7720 West Oakland Park Boulevard, Sunrise, Florida, 33351. Your child does not have to be a U.S. Citizen in order to qualify for free or reduced price meals.

In certain cases, foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals for them, indicate it on the application. Complete one application for each Foster Child. Foster children may be eligible for free or reduced price meals regardless of the income of the households with whom they reside. Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowance must be included in your gross income.

The information you give on the application is confidential, it will be used only for the purpose of determining eligibility for free or reduced price meals and may be checked by an assigned verification official at any time during the school year. You will receive a written notice if your application is selected for verification.

If you would like information about Medicaid or Healthy Kids Insurance Program please contact Rebecca Miele (954) 467-4885 or Liliana Marin (954) 467-8737 (para español). If you are Homeless or a Migrant, please call the School Board of Broward County Homeless Liaison at (754)321-2494 or Migrant Coordinator at (754)321-1414 to obtain information on receiving free meals.

The child's meal eligibility is good for the entire school year. If you are not eligible now and during the school year there is a decrease in your family income due to reasons such as unemployment, there is an increase in your family size or if you start to receive Food Stamps or TANF, please contact the Food and Nutrition Office for an application at (754) 321-0250. This change may make your child eligible for free or reduced price meals. List the household income amount that you normally receive, including regular overtime.

¹ Note. From *Free and reduced price meal policy*, by Broward County (FL) Public Schools. Reprinted with permission.

PRIVACY ACT STATEMENT: This explains how we will use the information you give. Section 9 of the National School Lunch Act requires that, unless your child's food stamp or TANF 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. Provision of a social security number is not mandatory, but 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 processed. 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 of receipt of Food Stamps or TANF 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.

NON- DISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and the U. S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited basis apply to all programs). To file a complaint of discrimination, write 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.

INCOMPLETE, ILLEGIBLE OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITSUNTIL YOUR APPLICATION IS PROCESSED, PLEASE PACK A LUNCH FOR YOUR CHILD OR GIVE THEM MONEY TO PURCHASE MEALS***

HOW TO FILL OUT THIS FORM:

PART 1 List the student number, full name and birth date for all students attending Broward County Schools.

PART 2 Enter the school code.

PART 3 Households receiving Food Stamps must write currently certified case number in the space provided. This is a ten-digit number starting with the number one. Number must be listed next to EACH student receiving the benefit. Sign the application.

PART 4 If the student is employed, list the student's GROSS monthly income. Do not list other household members' income here.

PART 5 If you are applying for a Foster Child, check the box. YOU MUST COMPLETE ONE APPLICATION PER HOUSEHOLD OR ONE FOR EACH FOSTER CHILD. In Part 4 enter the Personal Use Income for the student, if receiving none, enter "0".

PART 6 If applying for Homeless, Migrant or Runaway, please check the box. Please call the School Board of Broward County Homeless Liaison at (754) 321-2494 or Migrant Coordinator at (754) 321-1414 to obtain information on receiving free meals.

PART 7 Print the first and last name of all adults and children not listed in Part 1. The box must be checked if the individual has no income. Enter the Gross income BEFORE DEDUCTIONS in the appropriate column. You must check the box indicating how often the income is received; weekly, bi-weekly, twice a month or monthly. Do not total incomes across or down. Enter the total number of people listed in Parts 1 and 7. Do not list Foster Children with other members of the household. A Foster Child is a household of one. If you are in the Military Housing Allowance Initiative do not report this allowance. Include the name of deployed service member here.

PART 8 Enter the Social Security Number, Signature, address, telephone numbers and date. If you do not want information on the application used in determining the student's eligibility in other educational programs check the box. OPTIONAL: You do not have to provide this information. Check the box indicating the student's race/ethnic identity. **STUDENT NUMBER:** To correctly assign benefits, the student's number is used. This number is a 10-digit, unique State Identification Number assigned to your child as an enrollment identifier in the Broward County School System – it ensures that the benefits are assigned to the correct student. You can obtain the Student Number from the report card envelope or the school that your child attends. Please obtain this number before submitting the application.

INCOME THAT MUST BE REPORTED

Income means money earned before deductions for income taxes, employee's social security taxes, insurance premiums, bonds and the like. Income includes but not limited to the following:

- Monetary compensation for services including wages, salaries, commissions or fees
- Net income from self-employed farmers and self-employed businessman
- Social Security/ Veteran's payments/ Alimony or child support payments
- Dividends or interest on savings or bonds/Income from estates or trusts
- Net rental income/Net royalties/ Private pensions or annuities/ Foster Care benefits
- Public assistance or welfare payments/ Unemployment Compensation
- Portion of deployed service members' income made available to the household
- Government civilian employees or military retirement pensions-not military housing allowance
- Regular contributions from people not living in the house
- Other cash income would include cash amounts received or withdrawn from any source, i.e. savings, investments, trust accounts and other sources which would be available to pay for the price of a child's meal.

FEDERAL INCOME GUIDELINES 2005-2006

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$17,705	\$1,476	\$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
EACH ADDITIONAL MEMBER	+6,031	+503	+116

TO AVOID A DELAY IN THE APPLICATION PROCESS

PRINT CLEARLY WITH BLACK INK. DO NOT USE OTHER COLORS OR PENCIL.
 INCLUDE THE STUDENT NUMBER.
 CHECK ONLY ONE FREQUENCY BOX INDICATING HOW OFTEN YOU GET PAID.
 ENTER TOTAL NUMBER OF MEMBERS LIVING IN YOUR HOUSEHOLD.
 SIGN THE APPLICATION.
 DO NOT WRITE ADULT S' INCOME IN PART 4.
 DO NOT USE WHITE OUT, FOLD, TEAR OR STAPLE THIS FORM.
 DO NOT ENTER "0", "NA", CROSS OUT SECTIONS OR DRAW LINES; IF YOU DO NOT HAVE INCOME TO DECLARE IN PART 7.

