



**DEPARTMENT OF NUTRITION SERVICES**  
**5775 Osceola Trail**  
**Naples, Florida 34109-4499**  
**(239) 377-0280**  
**(239) 377-0281 FAX**

**COUNTY PUBLIC SCHOOLS**  
**PARENT LETTER AND MEAL APPLICATION INSTRUCTIONS**  
**2008-2009**

July 1, 2008

Dear Parent/Guardian:

Collier County Public Schools serve nutritious meals to students each school day. Eligible children may qualify for meals free or at a reduced price. All meals served must meet nutrition standards as specified by the United States Department of Agriculture; however, if your child has been determined by a doctor to have a disability and this disability prevents the child from eating the regular school meals, the school will make any substitutions prescribed by a medical professional at no extra charge. **Please note:** that the school is not required to make a substitution for a food allergy, unless the allergy meets the definition of disability. Please call the School Food Service **Office at: 377-0291 or 377-0296 for further information.**

The prices for breakfast and lunch are listed below, however, if you now receive Food Stamps or TANF (formerly AFDC) for your child, your child is eligible for free meals and you will receive a notice of your child's eligibility in the mail. If you do not want these benefits, you must notify the School Food Service Office. If you do not receive this notice by August 15, 2008, you should fill out an application at that time. If your children are currently certified FS/TANF members, you may submit an application for these children with abbreviated information. Please see Part 3. If your total household income is the same or less than the amounts on the Income Eligibility Guidelines on this letter, your child(ren) can get free or reduced price meals. In certain cases foster children are eligible for free or reduced price meals regardless of the household's income. Children in households participating in WIC may be eligible for free or reduced price meals. Foster children may be eligible for free or reduced price meals regardless of the income of the household where they reside.

**TO GET FREE OR REDUCED PRICE MEALS FOR YOUR CHILD(REN), YOU MUST FILL OUT THE ATTACHED MEAL APPLICATION AND PROVIDE THE REQUESTED INFORMATION. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. PLEASE RETURN THE APPLICATION TO YOUR CHILD'S SCHOOL OR MAIL IT TO THE ADDRESS ABOVE SO THAT IT CAN BE PROCESSED. IF YOU HAVE FOSTER CHILDREN, A SEPARATE APPLICATION IS NEEDED FOR EACH CHILD.**

**UNTIL YOUR APPLICATION IS PROCESSED, YOU WILL NEED TO GIVE YOUR CHILD(REN) MONEY TO PURCHASE SCHOOL MEALS AT THE PRICES LISTED BELOW OR PACK A LUNCH FOR YOUR CHILD(REN).**

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

Sincerely,

Ms. Sheila Sheridan, Director,  
 Department of Nutrition Services

	MEAL PRICES			
	Breakfast		Lunch	
	Reduced	Paid	Reduced	Paid
Elementary	.30	\$1.00	.40	\$2.00
Secondary	.30	\$1.00	.40	\$2.25
Adult	---	\$1.25	---	\$3.00

**HOW TO FILL OUT THIS FORM:**

- PART 1.** IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Check the box at the top of the form if this application is for a Foster child. If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income in the Student's Monthly Income boxes provided. Write "0" if the child has no personal use income. You can skip Part 2,4-5. Continue with part 6. You DO NOT have to list any other household members on the Foster Child application.
- PART 2.** If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the student's school, or Homeless Liaison (Karen Morgan at 377-0512), or Migrant Office (377-0572).
- PART 3.** Enter the student's FULL name, school name or initials, grade, and their birth date. If you now receive Food Stamps or TANF for your child, that child is eligible for free meals. Enter the Food Stamp Case Number or TANF Number in the space provided. Write the Food Stamp/TANF Case Number next to each child who is a certified member. You may skip Parts 4 & 5. Enter the student's personal use income, such as income from a part-time job. Check the box that indicates the student's income frequency. If no income, check No Income box. No income households are approved for 45 days temporary free meals.
- PART 4.** Enter the First & Last Name of ALL people living in your household, related or not (such as grandparents, other relatives, or friends.) DO NOT include the name of the student that you listed in PART 3. Enter your income BEFORE DEDUCTIONS in the appropriate column and print the letter indicating the frequency of your income. Check the box that indicates the income frequency. Check the box if the individual has no income. Income that must be reported such as earnings from work, pensions, retirement, social security, welfare, child support, alimony, second job and other. Housing Allowance that is part of the Military Housing Privatization Initiative is not to be included as income. Households with deployed service members, for the purpose of determining household size, are to be considered a part of the household. Please include the names of the deployed service member, and report only that portion of the deployed service member's income made available to him/her or on their behalf to the family.
- PART 5.** Count the total number of people that you listed in Parts 3 and 4. Enter the total in the box.
- PART 6.** If you want this application to be used in determining your child's eligibility in other educational programs, then check the box.
- PART 7. OPTIONAL - RACE/ETHNIC IDENTITY OF CHILD.** (You DO NOT have to provide this information.) Please mark one or more of the following racial identities in the boxes provided.
- PART 8.** Write the Social Security Number of the ADULT filling out the application. If the Adult does not have a Social Security Number, check the box provided. SIGN and DATE the application and then PRINT your name in the box provided. Enter the household address and telephone number. (A Social Security Number is not required if this is a FOSTER CHILD application or if you are receiving Food Stamps or TANF)

Applicants must have an income at or below the amount on the Income Chart from U.S.D.A.	HOUSEHOLD SIZE	INCOME CHART								Additional family member add
		1	2	3	4	5	6	7	8	
	ANNUAL	19,240	25,900	32,560	39,220	45,880	52,540	59,200	65,860	6,660
	MONTHLY	1,604	2,159	2,714	3,269	3,824	4,379	4,934	5,489	555
	TWICE PER MONTH	802	1,080	1,357	1,635	1,912	2,190	2,467	2,745	278
	EVERY TWO WEEKS	740	997	1,253	1,509	1,765	2,021	2,277	2,534	257
	WEEKLY	370	499	627	755	883	1,011	1,139	1,267	129

**INCOME THAT MUST BE REPORTED**

EARNINGS FROM WORK	PENSIONS/RETIREMENT/SOCIAL SECURITY	OTHER INCOME
Wages/Salaries/Tips	Pensions	Disability Benefits
Strike Benefits	Supplemental Security Income	Cash Withdrawn From Savings
Unemployment Compensation	Retirement Income	Interest/Dividends
Net Income from Self-owned Business or Farm	Veteran's Payments	Income From Estates/Trusts/Investments
<b>WELFARE/CHILD SUPPORT/ALIMONY</b>	<b>SOCIAL SECURITY</b>	<b>REGULAR CONTRIBUTIONS FROM PERSONS NOT LIVING IN THE HOUSEHOLD</b>
Public Assistance/Welfare Payments		Net Royalties/Annuities/Net Rental Income
Alimony/Child Support Payments		Deployed Service Member's Income
		Any Other Income

**BENEFITS:** Benefits are good for the entire school year unless your household is selected for income verification.

**VERIFICATION:** Your eligibility might be checked at any time during the school year. School officials may ask you to provide documents showing that your child should receive free or reduced price meals.

**FAIR HEARING:** You may talk to school officials if you do not agree with the decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing: Ms. Sheila Sheridan, Director of Food Service, 5775 Osceola Trail, and Naples, FL 34109. Telephone 377-0297.

**CONFIDENTIALITY:** School district officials use the information on the application to decide if your child should receive free or reduced price meals. Unless indicated otherwise on the application, the information on the free and reduced price meal application may be used by the school system in determining whether the child is eligible for other educational programs.

**REAPPLICATION:** You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like decrease in household income, an increase in household size, become unemployed or get Food Stamps or TANF for your child, complete a new application.

**UNEMPLOYMENT:** Children of parents or guardians who become unemployed may be eligible for free or reduced price meals during the period of unemployment.

**PRIVACY ACT STATEMENT:** Unless you list the child's Food Stamp benefits or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the 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 listed, or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, investigations and may include contacting employers to determine income, contacting The Department of Children and Families Office to determine current certification for Food Stamp or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member 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.

**ANTI-DISCRIMINATION:** "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. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S. W., Washington, DC 20250-9410 or call 1-800-795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."