

SHARING INFORMATION WITH OTHER PROGRAMS

ABINGTON PUBLIC SCHOOLS
 ABINGTON, MASSACHUSETTS
 Letter to Households
 National School Lunch Program

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.
- Yes! I **Do** want school officials to share information from my Free and Reduced Price School Meals Application with **Abington Public School Transportation Program.**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Marianne Crooks at 781-982-2169

Dear Parent/Guardian:

The Abington Public Schools serve nutritious meals each school day. Lunch may be purchased for \$2.25. Children also may get meals free or at a reduced price. All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, the school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please get in touch with us for further information.

If you now get Food Stamps or AFDC for your child, your child can get free meals. If your total household income is at or below the amounts on the Income Chart below, your child can get free meals or meals at a reduced price. A foster child may get free or reduced price meals regardless of your income. The reduced price is .40 for lunch.

To get free or reduced price meals for your child, you must complete an application and return it to the school. We cannot approve an application that is not complete.

HOW TO APPLY	Income Chart 2008-2009			
	Household Size	Annual	Monthly	Weekly
If you now get Food Stamps or AFDC for the child you are applying for, <u>you do not need to fill out an application.</u> The Abington Public Schools are participating in the Direct Certification Process. If your child has received a Department of Public Welfare Certificate, just sign the certificate and return it to your child's school. Your child will receive a free lunch. If you are applying for a foster child, the application must have the child's name, the names of all other household members, the amount of income each person got last month and where it came from, 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.	1	19,240	1,604	370
	2	25,900	2,159	499
	3	32,560	2,714	627
	4	39,220	3,269	755
	5	45,880	3,824	883
	6	52,540	4,379	1,011
	7	59,200	4,934	1,139
	8	65,860	5,489	1,267
	For each add'l. member add...	+6,660	+555	+129

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should get free or reduced price meals.

Fair hearing: You may talk to school officials if you do not agree with the school's 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:

Felicia Moschella, Assistant Superintendent for Business and Finance
 Abington Public Schools
 Ralph Hamlin Lane
 Abington, MA 02351
 (781) 982-2150

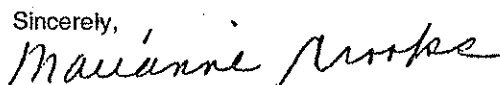
Reporting Changes: If your child gets free or reduced price meals because they get Food Stamps or AFDC, you must tell the school when you are not getting AFDC or Food Stamps for them. You may then fill out another application giving income information.

Confidentiality: School officials use the information on the application only to decide if your child should get free or reduced price meals.

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

In the operation of the Child Feeding Programs, no child will be discriminated against because of Race, Sex, Color, National Origin, Age or Handicap. If you believe you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Transportation: If you apply for a transportation fee waiver, School officials will use the information on this application. We will let you know when your application is approved or denied.

Sincerely,

 Marianne Crooks
 Director of Food Services

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete the application using the instructions for your household. Sign the application and return the application to one of your child's school. Call the Department of Food Services at 982-2169, or the principal of your child's school.

Early Childhood Center
982-2185

Center School
982-2195

Frolio Middle School
982-2170

North School
982-2190

Woodsdale School
982-2180

Abington High School
982-2160

Part 1 - Student Information: All Households Must Complete This Part

Print the name of each child you are applying for.
List the child's grade and school.

Households Getting Food Stamps or AFDC: return Your Child's Direct Certification Certificate or Complete This Part and Part 4.

- List a current Food Stamp or AFDC case number for the child.
- Sign the application in Part 4. An adult household member must sign. Skip Part 3-DO NOT list names of household members or incomes if you list a Food Stamp or AFDC case number.

Part 2 - Household with a Foster Child: Complete This Part and Part 4 - A foster child is the legal responsibility of a welfare agency or court.

- List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Part 3 - DO NOT list any other children, household members or income.
- A foster parent or other official representing the child must sign the application in Part 4.

"Personal Use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

Part 3 - All other Households: Complete This Part and Part 4

- Write the names of every one in your household, whether they get income or not. Include yourself, the child 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.
- Write the amount of income each household member got last month, before taxes or anything else is taken out and where it came from such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income
- An adult household member must sign the application and give his/her Social Security number in Part 4.
To Figure Annual Income:
Weekly x 52; Bi-Weekly Income (every 2 weeks) x 26; Semi Monthly Income (Twice a month) x 24; Monthly Income x 12

Part 4 - Signature and Social Security Number: All Households Complete this Part

- All Applications must have the signature of an adult household member.
- The application must have the Social Security number of the adult who signs. If the adult does not have a Social Security number write "none" or something else to show that adult does not have a Social Security number. If you listed a Food Stamp or AFDC number for your child or if you are applying for a foster child, a Social Security number is not needed.

Part 5 - Racial/Ethnic Identity: Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get free or reduced price meals. We need this information to make sure that everyone is treated fairly.

INCOME TO REPORT

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workers Compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from estates/trust/investments
Regular contributions from persons not living in the household.
Net royalties/annuities/net rental income
Any other income

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in school (Use a separate application for each foster child)

Names of all children in school (First, Middle initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income --You must tell us how much and how often

1. Name (List everyone in household) (Example)	2. Gross income and how often it was received Example: \$100/monthly \$100/twice monthly \$100every other week \$100 weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	
Jane Smith	\$ 200 / weekly	\$ 150 / weekly	\$ 100 / monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign).

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the bottom of this page.)

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.

Sign Here: x _____ Print name: _____

Address: _____ Phone Number: _____

Social Security Number _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity

- Hispanic or Latino
 Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12
 Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp or AFDC 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 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 AFDC 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.