



TOLLESON UNION HIGH SCHOOL DISTRICT #214

Dear Parent/Guardian:

Children need healthy meals to learn. **Tolleson Union High School District** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.75**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **your school cafeteria manager**.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **your school, homeless liaison, Head Start or migrant coordinator** to see if they qualify.
5. 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 Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the **Food Service Department at 623-478-4061** if you have questions.
7. 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 school year.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. 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: **Kimberly Luvisi, 9801 W. Van Buren Street, Tolleson, AZ 85353, 623-478-4061, kimberly.luvisi@tuhsd.org**.
12. 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 U.S. citizens to qualify for free or reduced price meals.
13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE 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.
16. 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 child's school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **623-478-4061**.

Si necesita ayuda, por favor llame al teléfono: 623-478-4061.

Si vous voudriez d'aide, contactez nous au numero: 623-478-4061.

Sincerely,

Kimberly Luvisi
Director of Food Services

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1:

If any child you are applying for is homeless, migrant, a runaway or in Head Start check the appropriate box and call **your school, homeless liaison, or migrant coordinator**. Complete Box A and Box B in Part 2 and then skip to Part 3.

Part 2:

- **Box A** – List all household members.
- **Box B** – List the name of the school attended by each child or mark N/A for household members not attending school.
- **Box C** – List the case number (not EBT card number) for any household member (including adults) receiving SNAP or TANF Cash Assistance or FDPIR benefits. **Skip to Part 3.**
- **Box D** – Check the box in this section for all children in the household who are foster children (legal responsibility of welfare agency or court). **Skip to Part 3.**
- **Box E** – For ANY household member, including children, with NO INCOME, you MUST check the “No Income” box.
- **Box F –Gross Income and How Often It Was Received:** For each household member, list each type of income received. Report how often the money is received—weekly, every other week, twice a month, monthly or yearly—by filling in the circle under the frequency amounts. **For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. **Box G – Social Security Number:** Adult household member must list the last four digits of their Social Security Number or mark the box if she/he does not have one.

Part 3:

Adult household member must sign the form unless Part 1 is completed.

Part 4:

Completing this section is optional.

2014-2015 TUHSD FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, A RUNAWAY OR IN HEAD START CHECK THE APPROPRIATE BOX AND CALL **YOUR SCHOOL, HOMELESS LIAISON OR MIGRANT COORDINATOR** HOMELESS MIGRANT RUNAWAY HEAD START **If completing this section, fill out Box A and Box B in Part 2.**

PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F. TOTAL HOUSEHOLD GROSS INCOME										
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and ID# or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number (not EBT card number) and skip to Part 3.	Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Check if NO income	Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)										
					Earnings From Work before deductions		All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)								
					How much	How Often			How much	How Often					
						wk	bi-wk	mo	bi-mo	yr	wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○

Box G. If Part 2. Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)

Last four digits of Social Security Number: * * * - * * - _ _ _ _ I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)

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. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Date: _____
 Print name here: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ e-mail: _____

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian
 American Indian or Alaska Native
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

DO NOT 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: _____
 Error-Prone Case # Application Categorically Eligible
 Directly Certified – Attach to match result Selected for Verification (see attachments)

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 Date Notice Sent: _____
 Date Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	+7,511	+626	+145

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

The Richard B. Russell 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 child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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