

**FAMILY APPLICATION FOR FREE AND REDUCED PRICE MEALS: 2009 - 2010 SCHOOL YEAR**

**DEAR PARENT OR GUARDIAN:**

Martin County Public Schools take part in the National School Lunch and Breakfast Programs and offers a choice of healthy meals every school day. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.30 for breakfast at all sites. Students may buy lunch for \$1.75 in elementary school or \$2.00 in middle/high school and/or breakfast for \$1.50 for at all sites. Students do not have to be US citizens to receive free or reduced price meals.

**HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK PLEASE USE CAPITAL LETTERS COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD**

**SECTION 1** IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Place an X in the box provided if this application is for a Foster Child. Foster children may be eligible for free or reduced price meals regardless of the household's income with whom they reside. You may skip sections 2-4, 5, 6, & 9.

**SECTION 2** Call 772-219-1200 x 30255 for Homeless status confirmation. Call 772-219-1200 x 30277 for Migrant status confirmation. If the Homeless or Migrant office cannot confirm status, submit application with every section completed. For runaway children, place an X in the appropriate box.

**SECTION 3** Enter the enrolled student's birth date, last name, first name, grade and school name. If this is a foster child application, ONLY list one foster child - DO NOT list any other students. If student has no income, place an X in the box next to school name, otherwise enter the income BEFORE deductions and fill in appropriate pay frequency. Student income to report includes: student salary, wages, child SSI, and foster child's personal use income.

**SECTION 4** Enter the Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number in the space provided for each child. This is not your Electronic Benefits Transfer (EBT) card number.

**INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS**

**NOTICE:** If you currently receive Food Stamps, TANF, FDIPIR or Special Supplemental Nutrition Program for Women, Infants and Children (WIC), your enrolled child(ren) may be eligible for free meals.

**MEALS FOR DISABLED:** All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to have a disability that prevents the child from eating regular school meals, the school will make any substitutions prescribed by a doctor at no extra charge. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of a disability.

**FOOD STAMP INFORMATION:** Children who are members of currently certified FOSTER/TANF households may submit applications with abbreviated information (skip sections 1, 5, 6 & 9).

**APPLYING FOR BENEFITS:** You may apply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in family size, or become eligible for Food Stamps, TANF, or FDIPIR benefits, you may complete an application at that time. **NOTE THAT ONCE APPROVED, BENEFITS ARE VALID FOR THE ENTIRE SCHOOL YEAR.**

**CONFIDENTIALITY:** Family size, household income, and Social Security Number information will remain confidential. Information you provide will determine your child(ren)'s eligibility to receive free or reduced price meals.

**PRIVACY ACT STATEMENT - SOCIAL SECURITY NUMBERS:** IF YOU DID NOT GIVE A FOOD STAMP, TANF, OR FDIPIR NUMBER OR ARE NOT APPLYING FOR A FOSTER CHILD, you must provide the Social Security number of the household member who signs the application. The disclosure of a Social Security number is voluntary, however a Social Security number or an X indicating that you do not have a Social Security number is required for the approval of the application. The Social Security number is required under provisions of the Richard B. Russell National School Lunch Act (NSLA). The Social Security number may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State employment security office, Food Stamp office, employers and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose Social Security number is reported on this application.

**MILITARY FAMILIES:** Privatized military housing allowance is excluded from income eligibility determinations. For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals.

**FAIR HEARING:** If you do not agree with the District's decision regarding your application or the result of verification, you may discuss it with Food Services. You also have the right to a fair hearing. This can be done by writing Marjallen Quinn-Lunny, 500 E. Ocean Boulevard, Stuart, FL 34997 or call 772-219-1200.

Return the application to the school cafeteria manager where your youngest child attends or submit the application to Food and Nutrition Services, 1050 E. 10th Street, Building 13, Stuart, FL 34996.

Director of Food and Nutritional Services  
Martin County School District

**SECTION 5** Enter the last and first name of ALL people living in your household. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. DO NOT include the names of the students listed in Part 3 and DO NOT include any foster children. If the individual has no income, you must put an X in the box next to the individual's name. If the individual has income, enter all income BEFORE TAXES AND DEDUCTIONS in dollars and cents in every column and fill in the appropriate pay frequency.

**SECTION 6** Add together the total number of household members listed in Sections 3 and 5 and enter the number.

**SECTION 7** Enter your telephone number.

**SECTION 8** If you would like your information shared with Medicaid or the State Children's Health Insurance Program (CHIP), sign your name in the box provided. If you DO want your information shared with other programs, place an X in the box provided.

**SECTION 9** Enter the Social Security number of the adult household member filling out the application. If you do not have a Social Security Number, place an X in the box provided.

**SECTION 10** SIGN and PRINT the name of the adult household member filling out the application and write in the date.

**VERIFICATION:** School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for Food Stamps, TANF, or FDIPIR.

**Direct Certification:** If you receive notification that your child has been directly certified to receive free meals for the school year, you DO NOT need to apply for meal benefits. If you have questions, call the Food Service Office at 772-223-2855 or out of district 1-866-631-4102.

**INCOME TO REPORT**

Gross earnings before deductions, Job 1	Wages/salaries/flips before taxes, income from self-owned business, day care business or farm
Welfare, child support, alimony	Public assistance payments, welfare payments, alimony/child support payments
Pension, Social Security, permanent disability, child SSI	Social Security, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, child SSI, cash withdrawal from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income.
Job 2 or any other income	Gross earnings before deductions from second job or any other income.

**NON-DISCRIMINATION:** 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, Room 326-1W, Written Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 1-800-795-3272 or (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Until your application is processed, you will need to give your child(ren) money to purchase meals. **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.** A letter with the status determination will be sent home with your youngest child. Benefits are valid for the entire school year.

**INCOME ELIGIBILITY GUIDELINES**

Use the income chart below to see if you qualify for the free or reduced price meal program.  
Effective July 1, 2009 - June 30, 2010

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	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	\$4,076	\$2,038	\$1,886	\$918
6	\$54,631	\$4,653	\$2,327	\$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 household member add:	\$6,919	\$577	\$289	\$267	\$134

\* A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.