

**LYNCHBURG CITY SCHOOLS
2019-2020 LETTER TO HOUSEHOLDS**

Dear Parent/Guardian:

Children need healthy meals to learn. Lynchburg City Schools offers healthy meals every school day. Student breakfast costs \$1.25 at the high schools. Student lunch costs \$2.55 at the high schools. Your children may qualify for free or reduced price meals. Reduced price breakfast is provided at no cost to the student and reduced lunch costs \$0.40. All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact the School Nutrition Office at (434) 515-5060 for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on household income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals **or** reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW APPLICATION EACH SCHOOL YEAR.**

HOW TO APPLY

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits.

If you are not notified by AUGUST 5, 2019, you must submit an application. The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.**

If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an application may not be required. Contact Beth Morris at (434) 515-5060 for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact Judith Brooks at (434) 455-0288 for more information.

INCOME CHART for FREE & REDUCED PRICE MEALS

Effective July 1, 2019 to June 30, 2020

Household Size	Annual	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For Each Additional Family Member Add	+8,177	+682	+158

An application that is not complete cannot be approved. An application that is not signed is not complete.

FEDERAL INCOME GUIDELINES: Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown above.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box on the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official: LaTonya Brown, Director of Student Services, 915 Court Street, P. O. Box 2497, Lynchburg, VA 24505, (434) 515-5042.

REAPPLICATION: You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL NUTRITION OFFICE AT (434) 515-5060.

Sincerely,

Beth Morris, Director of School Nutrition

2019-2020 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Complete ONE APPLICATION per household. Please use a pen (not a pencil).

Office Use Only

<u>SNAP or TANF HOUSEHOLDS</u> List only the children in Lynchburg City Schools. Write the name and case number of the household member receiving the benefit in the spaces below. Income information is not required for SNAP or TANF Households. <u>ALL OTHER HOUSEHOLDS</u> List all household members & income (<u>including you</u>). (LAST NAME, FIRST NAME, M.I.)	AGE	SCHOOL ATTENDING Student Only	GRADE Student Only	FOSTER CHILD If the student is a Foster Child who is the legal responsibility of the courts, check the box below	List GROSS INCOME before any deductions. Write in HOW OFTEN income is received. Use the following: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly				
					Earnings from Work Before Deductions Wages, Salaries, Tips, Strike Benefits, Unemployment, Workers Compensation or Net Earnings from Self-owned Business or Farm		Child Support, Welfare, Alimony \$ Amount / How Often	Pensions, Retirement, Social Security \$ Amount / How Often	All Other Income \$ Amount / How Often
					Job 1 Gross Payment \$ Amount / How Often	Job 2 Gross Payment \$ Amount / How Often			
1.				<input type="checkbox"/>					
2.				<input type="checkbox"/>					
3.				<input type="checkbox"/>					
4.				<input type="checkbox"/>					
5.				<input type="checkbox"/>					
6.				<input type="checkbox"/>					
7.				<input type="checkbox"/>					
Total Household Members (Children and Adults)									

NAME OF SNAP or TANF RECIPIENT: _____ SNAP or TANF CASE NUMBER:

7-12 digit number found on NOTICE OF ACTION

HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐ If the child you are applying for is homeless, migrant, or a runaway, please check the appropriate box and call your school to talk with the homeless liaison or migrant coordinator.

OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free and reduced price meals.

☐ NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Your permission is required for the schools to use the information on this application to qualify for other benefits.

YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only:

☐ ALL Eligible Benefits ☐ Class Materials/Equipment ☐ Extracurricular/Athletic Fees ☐ SAT/ACT Testing ☐ Drivers Education ☐ College Applications/Scholarships ☐ Non LCS Educational Services

SIGNATURE AND SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved (Before signing, read the privacy and civil rights statements on the Instructions Page). I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-☐ I Do Not Have a Social Security Number

Last 4 Digits of Social Security # of Adult Signing Application

SIGN HERE

SIGNATURE OF ADULT HOUSEHOLD MEMBER

DATE

Print Name

Mailing Address

City, State, Zip Code

Home Phone: _____

Work Phone: _____

For Office Use Only – Do Not Write Below This Line

Eligibility Determination: ☐ Approved Free ☐ Approved Reduced ☐ Denied ☐ Income Too High ☐ Incomplete Date Approval/Denial Notice Sent to Parent/Guardian _____

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, **complete one application per household**, using the following instructions. Sign the application and return it to any school in the division or the school nutrition office. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND RETURNED EACH SCHOOL YEAR.**

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

If you receive SNAP or TANF benefits, you may not have to complete an application. School officials will notify you of your child(ren)'s eligibility. If you are not notified by AUGUST 5, 2019, complete an application.

SNAP or TANF HOUSEHOLDS

List only the child(ren) in your household who attend Lynchburg City Schools. List the name and case number of the household member, including an adult, who receives SNAP or TANF benefits. The 7-12 digit number is in your approval letter. Do not list other household members or income. Sign the application. No social security number is needed if a SNAP or TANF case number is provided.

FOSTER CHILD - A foster child is the legal responsibility of a welfare agency or court.

If all children in the household are foster children, list all foster children in school. Check the box for each child indicating the child is a foster child. Sign the application. No social security number is needed if all the children in the household are foster children.

If one or more children in the household are foster children and other children in the household are not foster children, list all children in school. Check the "Foster Child" box for each child who is a foster child. Follow the instructions for SNAP or TANF HOUSEHOLDS if any household member, including an adult receives either benefit. Follow the instructions for HOUSEHOLDS WITHOUT A SNAP or TANF NUMBER if no one in the household receives either benefit.

HOUSEHOLDS WITHOUT A SNAP or TANF NUMBER, INCLUDING WIC HOUSEHOLDS

List all members of the household, whether they have income or not. **A household member is any child or adult living with you.** Include yourself, all children who are in school, 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 received **last month** before taxes or anything else is taken out, and how often it was received. For example, list the gross income each person earned from work. The amount should be listed on the pay stub. This is not the same as take home pay; it is the amount before taxes and other deductions. Next to the amount, write how often the person received it. If any amount last month was more or less than usual, write the person's usual income. If a household member has no income, write "0" in the box. However, if left blank that will also count as "0". Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from placing agency. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include this housing allowance as income. Any combat pay from deployment is also excluded.

INCOME TO REPORT

Earnings from Work

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Net Income from Self-Owned Business or Farm

Pensions, Retirement, Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

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, Trusts, Investments
Regular Contributions from Persons Not Living in the Household
Net Royalties/Annuities/Rental Income
Any Other Income

EXAMPLE <u>ALL OTHER HOUSEHOLDS</u> List all household members & income (including you). (LAST NAME, FIRST NAME, M.I.)	AGE	List GROSS INCOME before any deductions in whole dollars. Write in HOW OFTEN income is received using the following codes: (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly,				
		Earnings from Work <u>Before</u> Deductions Wages, Salaries, Tips, Strike Benefits, Unemployment, Workers Compensation or Net Earnings from Self-owned Business or Farm		Child Support, Welfare, Alimony	Pensions, Retirement, Social Security	All Other Income
		Job 1	Job 2			
		\$ Amount/ <u>How Often</u>	\$ Amount/ <u>How Often</u>	\$ Amount/ <u>How Often</u>	\$ Amount/ <u>How Often</u>	\$ Amount/ <u>How Often</u>
1. (Example) <i>Smith, Jane</i>	32	\$1,800 /2M	\$ /	\$ /	\$ /	\$ /

HOMELESS, MIGRANT OR RUNAWAY CHILD: Check the appropriate box and contact your school to talk with the homeless, migrant or runaway coordinator. Fill out the application according to the instructions for Households without SNAP or TANF number.

OTHER BENEFITS: You may be eligible for other benefits. Refer to the meal application. To obtain meal benefits, you are not required to complete this section.

SIGNATURE AND SOCIAL SECURITY NUMBER: An adult household member must sign the application and provide the last four digits of their Social Security Number. If the adult signer does not have a social security number, he/she must check the box ☐ I Do Not Have a Social Security Number. A social security number **is not required** if your application includes only a foster child or foster children, or if you report a SNAP or TANF case number.

Privacy Act Statement: 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 are 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.