



HAYWOOD COUNTY SCHOOLS

1230 North Main Street
Waynesville, NC 28786
828 456 2400
Anne G. Garrett, Ed., D.
Superintendent

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Haywood County Schools** offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **Pk-5 \$2.40, 6-12 \$2.65**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, with instructions on the application. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPIR) or TANF/Work First**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Federally-funded Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART					
Effective For School Year July 1, 2015- June 30, 2016					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
Each additional person:	\$7,696	\$642	\$321	\$296	\$148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Aleasa Glance @ 828-456-2441 x 2120, aglance@haywood.k12.nc.us**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: **Sheila McClure, Haywood County Schools, 5855 Crabtree Rd. Clyde, NC 28721. 828-627-1150**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Sheila McClure, Haywood County Schools, 5855 Crabtree Rd. Clyde, NC 28721. 828-627-1150 or smcclure@haywood.k12.nc.us** immediately.
5. CAN I APPLY ONLINE? **Yes!** You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [website] to begin

or TO learn more about the online application process. Contact **Sheila McClure, Haywood County Schools, 5855 Crabtree Rd. Clyde, NC 28721. 828-627-1150 smcclure@haywood.k12.nc.us** if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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: Dr. Anne Garrett, Haywood County Schools, 1230 North Main Street. Waynesville, NC 28786. 828-456-2400, anne@haywood.k12.nc.us.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. 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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please check the no income box. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact : **Sheila McClure, Haywood County Schools, 5855 Crabtree Rd. Clyde, NC 28721. 828-627-1150 smcclure@haywood.k12.nc.us** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food and Nutrition Services (FNS, formerly Food Stamps)** or other assistance benefits, contact your local assistance office or call **The Careline at 1-800-662-7030**.

If you have other questions or need help, call **828-627-1150**.

Sincerely,

Alison Francis, Director of School Nutrition

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.

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 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). USDA is an equal opportunity provider and employer.

2015-16 Haywood County Schools Free and Reduced Price School Meals Household Application

5855 Crabtree Rd., Clyde, NC 28721, 828-627-1150

(Complete one application per household. Please use a pen.)

ENTER Name of each Household Member (First Middle Initial Last) and CIRCLE each individual's role in the household. HH = Head of Household S = Student O = Other family member **PLEASE PRINT**		For each STUDENT in the household please ENTER the Name of the School where student is currently enrolled and current Grade. (if applicable)		If applicable, please CIRCLE if a STUDENT is: H = Homeless M = Migrant R = Runaway F = Foster		INCOME 1) For households receiving assistance benefits, please SKIP to the SNAP/FNS, TANF, or FDIPIR section below. 2) For EACH household member ENTER income amount received and the code for the frequency (ex. \$250.00 IM). 3) Use full dollar amounts (ex. \$000.00). 4) IMPORTANT NOTE: If an individual receives income from multiple sources in a category, enter the combined total of income for that category.	
Name First MI Last	Circle One: HH S O	School Name Grade	Work Income Earnings (before deductions) Code Income	Welfare Child Support Alimony Code Income	Pensions Retirement Social Security/SSI VA benefits Code Income	All Other Income Code Income	NO income if applicable, check the box
HH S O	HH S O	HH S O	H M R F	H M R F	H M R F	H M R F	<input type="checkbox"/>
HH S O	HH S O	HH S O	H M R F	H M R F	H M R F	H M R F	<input type="checkbox"/>
HH S O	HH S O	HH S O	H M R F	H M R F	H M R F	H M R F	<input type="checkbox"/>
HH S O	HH S O	HH S O	H M R F	H M R F	H M R F	H M R F	<input type="checkbox"/>
HH S O	HH S O	HH S O	H M R F	H M R F	H M R F	H M R F	<input type="checkbox"/>

SNAP/FNS, TANF or FDIPIR Assistance Benefits Households with a SNAP/FNS/FNS, formerly known as the Food Stamp program), TANF, or FDIPIR recipient do not have to fill out the household income section, nor does the adult signing the application have to include the last 4 digits of their social security number.

If any member of your household receives SNAP/FNS, FDIPIR or TANF/ Work First, please select the program type and provide the case number for the person who receives benefits.

Select program type: SNAP/FNS FDIPIR TANF/Work First

CASE NUMBER: _____

Attestation: An adult household Member must sign the application. If the income section is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. "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 child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature: _____ Printed Name: _____ Today's Date: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____ Contact No: _____

Enter LAST FOUR DIGITS of Social Security number: * * * - * * I do not have a Social Security Number

Child(ren)'s Ethnic and Racial Identities (optional)

Select one ethnicity: Hispanic/Latino American Indian or Alaska Native Black or African American
 Not Hispanic/Latino White Native Hawaiian or other Pacific Islander

For Office Use Only

Annual Income Conversion: Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x24)

Total Household Income: Weekly Bi-Weekly Monthly Annually Total Household Members:

Categorical Eligibility: Free Reduced Denied Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____