



6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school 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:  
Hearing Officer Name: Frank Onorato Address: 687 Rt 9 Cape May, NJ 08204  
Phone Number: (609)884-3475 Ext: 206
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 school for more information.

If you have other questions or need help,  
call (609)884-3474 Ext:305

Sincerely,

Signature: \_\_\_\_\_

Name: Victor Faison

Title: Food Service Supervisor

Federal Eligibility Income Chart For School Year 2011-2012			
Household Size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
For each additional person, add:	+7,067	+589	+136

Application #

School District Lower Cape May Regional School District

FISCAL YEAR 2012

**FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION**

**Part 1. Children in School (Include foster children)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.**  
 Name \_\_\_\_\_ Case number \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator.** Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income-You must tell us how much and how often for each person; CHECK IF NO INCOME**

1. Name (List everyone in household - include students listed above)	2. List gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3 Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	How Often? \$ ____ / ____	How Often? \$ ____ / ____	How Often? \$ ____ / ____	How Often? \$ ____ / ____	<input type="checkbox"/>
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"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number;" box. (See Privacy Act Statement)

*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: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last 4 Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**Part 6. 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

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

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 \_\_\_\_\_ Expiration Date (expires after 45 days) \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For State Agency Use	F to R	R to F	D to F	SS #	Temp
	F to D	R to D	D to R	Income	Other

**Privacy Act 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. "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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

### APPLICATION INSTRUCTIONS

**If your household received benefits from NJ SNAP (food stamps) or TANF, follow these instructions:**

- Part 1: List all student names and the name of school for each child - **include foster children and check the box if a foster child**  
 Part 2: List the case number for any household member (including adults) receiving NJ SNAP or TANF benefits.  
 Part 3: Skip this part.  
 Part 4: Skip this part.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.  
 Part 6: Answer this question if you choose to.

**If no one in your household, including any foster children, gets NJ SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:**

- Part 1: List all student names and the name of school for each child - **include foster children and check the box if a foster child**  
 Part 2: Skip this part.  
 Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator].  
 Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.  
 Part 6: Answer this question if you choose to.

**If you are ONLY applying for FOSTER CHILD/CHILDREN, follow these instructions:**

If all children in the household are foster children:

- Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.  
 Part 2: Skip this part.  
 Part 3: Skip this part.  
 Part 4: Skip this part.  
 Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.  
 Part 6: Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including foster children, including WIC households, follow these instructions:**

- Part 1: List all student names and the name of school for each child - **include foster children and check the box if a foster child**.  
 Part 2: If the household does not have a case number, skip this part.  
 Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.  
 Part 4: Follow these instructions to report total household income from this month or last month.
  - Box 1-Name: List all household members.
  - Box 2 -Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received-weekly, every other week, twice a month or monthly. 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 boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list 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. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - Box 3 - Check the no income for any household members that do not receive any income
 Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).  
 Part 6: Answer this question if you choose.

## **SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE**

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.