



Macon County Schools

Child Nutrition Department
1202 Old Murphy Road
Franklin, NC 28734

August 1, 2009

Dear Parent/Guardian:

Children need healthy meals to learn. Macon County Schools offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.00 (elementary), \$2.25 (middle and high school). Your children may qualify under USDA guidelines for free or reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Accommodations will be made for elementary students that may "forget" to bring their money; the meal charge is expected to be repaid the following day. Free and reduced meal benefits are effective the day the application is approved; you *are responsible for any and all charges accumulated before the application is submitted.*

School Meals Are Healthy! All meals are designed based upon USDA Dietary Guidelines for Americans and age appropriate nutrient standards. School breakfast provides one-fourth and lunch provides one-third of the Recommended Dietary Allowance (RDA) for calories, protein, calcium, iron, vitamin A and vitamin C. In addition, meals are planned to average 30% of calories from fat and less than 10% from saturated fat.

Frequently Asked Questions:

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 the Child Nutrition Manager at your school site or the Child Nutrition Department District Office, P.O. Box 1029, Franklin, NC 28744, phone 524-8771.

NOTE: A new household application must be completed each school year.

2. Who can get free meals? Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines

3. Can homeless, runaway and migrant children get free meals? Please call Carol Waldroop, homeless liaison and migrant coordinator at 524-4414 x 318, to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. 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 Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the Child Nutrition Office at 524-8771 if you have questions.

6. 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.

7. Will the information I give be checked? Yes, we may ask you to send written proof. Failure to provide requested information will result in a loss of meal benefits.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. 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: Dan Moore, Director of Personnel, Macon County Schools, 1202 Old Murphy Road, Franklin, NC 28734; phone 524-4414.

10. 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 a U.S. citizen to qualify for free or reduced price meals.

11. 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). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include allowance as income. All other allowances must be included in your gross income.

The Macon County Child Nutrition Department is committed to providing children with nutritious meals and snacks that promote growth and healthful eating habits. Good nutrition has a proven track record for positive outcomes on student's academic performance. We hope that your children will join us in our cafeterias for a nutritious breakfast and lunch, as well as the occasional snack! If you have any questions or need assistance with the Free and Reduced Price Family Application, please contact the Child Nutrition office at 524-8771.

Sincerely,

Sherry Held, RD, SNS
Child Nutrition Director

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, 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 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, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR FREE AND REDUCED PRICE MEALS FAMILY APPLICATION

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List each child(ren)'s name, indicate if new to Macon County schools, list school, grade, student ID number and a Food Stamp or TANF Assistance/ Case Number. **Note: The EBT Card number is not acceptable. If you are unsure of your Food Stamp Case Number, contact your local Department of Social Services to get the number. A Food Stamp Case Number must be listed beside each student's name that is covered by those benefits.**

Part 2: Check the appropriate box, if any.

Part 3 and Part 4: Skip these parts.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to do so.

If the child you are applying for is homeless, migrant or a runaway, check the appropriate box and contact Carol Waldroop, homeless liaison and migrant coordinator at 524-4414 x 318. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, indicate if new to Macon County schools, list school, grade and student ID number.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to do so.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name; indicate if new to Macon County schools, list school, grade, and student ID number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.

Column 2 –Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you.

Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

Column 3–Check if no income: If the person, including a child, does not have any income, check the "no income" box. **NOTE: If the household member (child or adult) does not have an income and the box is not checked, the application will not be approved.**

Part 5: It is required that an adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she does not have a social security number.

Part 6: Answer this question if you choose to do so.

**MACON COUNTY SCHOOLS CHILD NUTRITION
2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

Part 1. Children in School (Use a separate application for each foster child)					
Names of all children in school (First, Middle Initial, Last)	New to Macon Co. Schools?	School Name	Grade	Student #	Food Stamp or TANF Case Number (EBT card number is NOT acceptable). Skip to Part 5 if you list a Food Stamp or TANF case #
	Indicate Yes or No				

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Carol Waldroop, homeless liaison, migrant coordinator at 524-4414 x 318 Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—If any child or adult in the household has no income, you **MUST** check the "No Income" Box in question 3 on the application; if the box is not checked, the application **will not** be approved.

1. Name (List everyone in the household)	2. Gross income and how often it was received. (Use exact income including cents.) <i>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<input type="checkbox"/>
	\$_____ per _____	\$_____ per _____	\$_____ per _____	\$_____ per _____	<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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on instruction page)

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: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

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

Eligibility: Categorical Eligibility: ____ Free ____ Reduced ____ Denied ____ Reason: _____

Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____ 2nd Official Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

FEDERAL INCOME CHART					
For School Year 2009-2010					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036.00	1,670.00	835.00	771.00	386.00
2	26,955.00	2,247.00	1,124.00	1,037.00	519.00
3	33,874.00	2,823.00	1,412.00	1,303.00	652.00
4	40,793.00	3,400.00	1,700.00	1,569.00	785.00
5	47,712.00	3,976.00	1,988.00	1,836.00	918.00
6	54,631.00	4,553.00	2,277.00	2,102.00	1,051.00
7	61,550.00	5,130.00	2,565.00	2,368.00	1,184.00
8	68,469.00	5,706.00	2,853.00	2,634.00	1,317.00
Each additional person:	6,919.00	577.00	289.00	267.00	134.00

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

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

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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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Scholarship Aid Programs**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Fee Waiver Programs**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call the Child Nutrition Department at 524-8771.
Please complete and return this form with your Free and Reduced Application.

