

**USDA INCOME ELIGIBILITY GUIDELINES
HOUSEHOLD SIZE AND INCOME SCALE
(Effective July 1, 2000 to June 30, 2001)
LETTER TO HOUSEHOLDS
SCHOOL NUTRITION PROGRAMS**

Dear Parent/Guardian:

The _____ school serves nutritious meals each school day. Children may buy lunch for \$ _____, breakfast for \$ _____, and afterschool snacks for \$ _____. Children also may get meals free or at a reduced price. All meals served must meet standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to be disabled and the disability prevents the child from eating the regular school meal, the school will make any substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your child needs substitutions because of a disability, please get in touch with us for further information.

If you now get food stamps or Virginia Temporary Assistance for Needy Families (TANF) for your child, your child can get free meals. If your total household income is the same or less than the amounts on the Income Chart below, your child can get free meals **or** reduced price meals. A foster child who is the legal responsibility of the courts may get free or reduced price meals regardless of your income. The reduced price is \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for afterschool snacks.

To get free or reduced price meals for your child, you must complete an application and return it to the school. We cannot approve an application that is not completed in full.

HOW TO APPLY

If you now get food stamps or VA TANF for the child you are applying for, the application must have the child's name, a food stamp or VA TANF case number for the child, (found in your notification letter) and the signature of an adult household member.

If you do not list a food stamp or VA TANF case number for the child you are applying for, then the application must have the child's name, the names of all household members, the amount and source of income each person received last month. An adult household member must sign the application and include his/her social security number. If he/she does not have a social security number, the word "NONE" must be written in the space provided.

If you are applying for a foster child, who is the legal responsibility of the courts, the application must have the child's name, the child's "personal use" income, and the signature of an adult household member.

INCOME CHART			
Effective July 1, 2000 to June 30, 2001			
Household Size	Annual	Monthly	Weekly
1	15,448	1,288	298
2	20,813	1,735	401
3	26,178	2,182	504
4	31,543	2,629	607
5	36,908	3,076	710
6	42,273	3,523	813
7	47,638	3,970	917
8	53,003	4,417	1,020
For Each Additional Family Member Add	+5,365	+448	+104

VERIFICATION: Your eligibility may be checked by school officials at any time during the school year. School officials may ask you to send information to prove that your child should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

Name: _____ Phone: _____

Address: _____

OTHER BENEFITS: Your child may be eligible for other benefits such as the Children's Medical Security Insurance Plan (CMSIPS), Medicaid, and dental care. Please see **Part 6** on the free and reduced price meal application.

CONFIDENTIALITY: School officials use the information on the application to decide if your child should receive free or reduced price meals and to verify eligibility. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price meals. They will use this information for funding and/or calculation purposes. Information may also be disclosed if you want this application to be used for other benefits (See **Part 6** on the application). You are not required to complete Part 6 on the application to be considered for free or reduced price meal benefits.

REPORTING CHANGES: If your child receives free or reduced price meals based on your income, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child is eligible for free meals because he or she receives food stamps or VA TANF, you must tell the school when you are not receiving food stamps or VA TANF. You must then fill out another application giving new income information.

REAPPLICATION: You may reapply for free or reduced price meals anytime 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 food stamps or VA TANF for your child, complete an application at that time.

IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD ATTENDS.

We will let you know when your child's application is approved or denied.

Sincerely,

Name: _____

Telephone #: _____

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.