

**LETTER TO HOUSEHOLDS FOR SCHOOL DIVISIONS USING BOTH  
DIRECT CERTIFICATION AND APPLICATIONS  
SCHOOL NUTRITION PROGRAMS**

Dear Parent/Guardian:

\_\_\_\_\_ Public Schools serve nutritious meals every school day. Children may buy breakfast for \$\_\_\_\_\_, lunch for \$\_\_\_\_\_, and afterschool snacks for \$\_\_\_\_\_. Meals also are available free or at a reduced price. All meals served must meet standards established by the U.S. Department of Agriculture. However, 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 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 may get free meals. If your total household income is at or below the amounts on the income chart, your child may get free meals or reduced price meals for \_\_\_\_\_ cents for lunch, \_\_\_\_\_ cents for breakfast, and \_\_\_\_\_ cents for afterschool snacks. If you have a foster child who is the legal responsibility of the court, that child may be eligible for benefits regardless of your income.

**HOW TO APPLY**

**Households that are receiving food stamps or VA TANF for their children do not have to fill out an application.** School officials will notify you of your child's eligibility and your child will be provided free benefits, unless you tell the school that you do not want benefits. If you are not notified by \_\_\_\_\_ (date), submit an application at that time. The application must contain the child's name, the food stamp number, and the signature of an adult household member.

**If you do not receive food stamps benefits for your child carefully complete the application and return it to your school. 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.

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

Before applying, refer to this chart which lists the maximum family income allowed to qualify for reduced price meals.

<b>INCOME CHART</b>			
Effective July 1, 2001 to June 30, 2002			
Household Size	Annual	Monthly	Weekly
1	15,892	1,325	306
2	21,479	1,790	414
3	27,066	2,256	521
4	32,653	2,722	628
5	38,240	3,187	736
6	43,827	3,653	843
7	49,414	4,118	951
8	55,001	4,584	1,058
For Each Additional Family Member Add	+5,587	+466	+108

**OTHER BENEFITS:** Your child may be eligible for other benefits such as the Virginia children's health insurance program and Medicaid. The law now allows the school division to share your free or reduced price meal eligibility information with Medicaid and the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS). Medicaid and FAMIS 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 the Virginia children's health insurance program. 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 the children's health insurance program 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 in Section 6 of the Free and Reduced Price Meal Application.**

**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 should receive free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision of the school 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: \_\_\_\_\_

**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 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 food stamps or VA TANF for your child, fill out an application at that time

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

You will be notified when your child's application is approved or denied.

Sincerely,

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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