Attachment F to Regulatory Memo No. 3
ATTACHMENT C1: 2002-2003

LETTER TO HOUSEHOLDS FOR SCHOOL DIVISIONS USING APPLICATIONS ONLY

| Dear Parent/Guardian: | | | | |
|--|--|---|---|---|
| Public Schools serve nutritious r \$ | ool snacks for \$ red must meet stand mined by a doctor to al, the school will mak will be no extra charg | Cl lards esta be disabl ce any sub ge for the | hildren also blished by ed and the estitutions p meal. If | may get the U.S. disability prescribed |
| If you now get food stamps or Virginia Temporary A your child can get free meals. If your total househo the Income Chart below, your child can get free mea legal responsibility of the courts may get free or reduced price is \$ for lunch, \$ for | ld income is the same is <u>or</u> reduced price me ded price meals regard | e or less t eals. A fo lless of <u>yo</u> | han the ar | nounts on who is the The |
| 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 | 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. Before applying, refer to this chart, which lists the maximum family income allowed to qualify for reduced price meals. | | | |
| case number for the child you are applying for, | INCOME CHART | | | |
| then the application must have the child's name, | | | lune 30, 2003 | |
| the names of <u>all</u> household members, the | Household Size | Annual | Monthly | Weekly |
| amount and source of income each person | 1 | 16,391 | 1,366 | 316 |
| received last month. An adult household | 2 | 22,089 | 1,841 | 425 |
| member must sign the application and include | 3 | 27,787 | 2,316 | 535 |
| his/her social security number. If he/she does not have a social security number, the word | 4 | 33,485 | 2,791 | 644 |
| | 5 | 39,183 | 3,266 | 754 |
| | 6 | 44,881 | 3,741 | 864 |
| "NONE" must be written in the space provided. | 7 | 50,579 | 4,215 | 973 |
| | 8 | 56,277 | 4,690 | 1,083 |
| | For Each Additional Family Member Add | +5,698 | +475 | +110 |
| <u>VERIFICATION:</u> School officials may check your el officials may ask you to send information to prove t meals. <u>FAIR HEARING</u> : If you do not agree with the decision verification, you may wish to discuss it with the school can do this by calling or writing the following official: | hat your child should on of the school on yo | receive fr our applica | tion or the | results of |
| Name: | Phone: | | | |

Address:

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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.

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 | s approved or denied. |
|---|-----------------------|
| Sincerely, | |
| Name: | Telephone #: |

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