

INSTRUCTIONS FOR APPLYING

If you are applying for a FOSTER CHILD, follow these instructions: (Use a separate application for each foster child).

Part 1: List the child's name, school, and grade. Social security number of children is optional.

Part 2: Check the box and list the child's personal use monthly income (even if zero), if any.

Part 3: Skip this part

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

Part 6: Check the box and sign only if you do NOT wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP).

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

Part 1: List each child(ren)'s name, school, grade, and Food Stamp or FITAP case number. Social security number of children is optional.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

Part 6: Check the box and sign only if you do NOT wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP).

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

Part 1: List each child's name, school, and grade. Social security number of children is optional.

Part 2: Skip this part.

Part 3: 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. Attach another sheet of paper if you need to.

Column 2 - Employment income: List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you.

Columns 3-5 - Other Income: List the total amount each person got last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, 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. If you are in the Military Housing Privatization Initiative, do not include this housing allowance. If you receive income from Family Subsistence Supplemental Allowance (FSSA), do not include as income. List the **total** number of household members.

Part 4: An adult household member **must** sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Part 6: Check the box and sign only if you **do NOT** wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP).

Dear Parent/Guardian:

Children need healthy meals to learn. AUDUBON CHARTER SCHOOL offers healthy meals every school day. Children may buy lunch for \$2.25, breakfast for \$1.00 and an after school snack for 50¢. Your child(ren) may qualify for free or reduced price meals. Reduced price is 30¢ for breakfast and 40¢ for lunch and 20¢ for an after school snack. To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the application to:** Alisa Davillier Dupré, Operations Manager, 719 S. Carrollton Ave., New Orleans, LA 70118, 504-324-7115.

(Name, Address, & Phone Number)

FEDERAL INCOME CHART			
School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	\$ 19,240	\$ 1,604	\$ 370
2	\$ 25,900	\$ 2,159	\$ 499
3	\$ 32,560	\$ 2,714	\$ 627
4	\$ 39,220	\$ 3,269	\$ 755
5	\$ 45,880	\$ 3,824	\$ 883
6	\$ 52,540	\$ 4,379	\$ 1,011
7	\$ 59,200	\$ 4,934	\$ 1,139
8	\$ 65,860	\$ 5,489	\$ 1,267
Each additional person:	+ 6,660	+ 555	+ 129

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

Here are answers to questions you may have about applying:

- Do I need to fill out an application for each child?** No. Complete an application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household.
- Who can get free meals?** Children in households getting Food Stamps or FITAP 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.
- Can homeless, runaway and migrant children get free meals?** Please call [school, homeless liaison or migrant coordinator] to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 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.
- 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 school at [phone number] if you have questions.
- 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.
- Will the information I give be checked?** Yes, we may ask you to send written proof.
- 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, FITAP or other benefits. If you lose your job, your child may be able to get free or reduced price meals.
- 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: [name, address, phone number].
- 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.
- 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.
- 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 only get it sometimes.
- 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 your housing allowance as income. If you receive income from Family Subsistence Supplemental Allowance (FSSA), do not include as income on the meal application. All other allowances must be included in your gross income.

If you have other questions or need help, call [phone number]

Sincerely,

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 children 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, Family Independence Temporary Assistance Program (FITAP) 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 see if your children are 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 misuse 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 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.

SFA:

2008 - 2009 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION
 One application per household

Part 1. Children in School (List each child in school. Use a separate application for each foster child.)

1a. Name of Children in School (Last, First, Middle Initial)	1b. School Name	1c. Grade	1d. Child's Social Security # (optional)	1e. Food Stamp/ FITAP # (if any)

Check here if this application is for a child who is the legal responsibility of a welfare agency or Foster child's personal use monthly income : \$ _____ **NOTE: If this is a foster child, skip to Part 4.**

Part 3. Total Household Income from Last Month (Fill out this part if you don't get Food Stamps/FITAP & this is not a foster child.)

Name (List everyone in household INCLUDING children listed above)	Last month's income			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL number of Household Members				

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 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 the bottom of this 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 _____

Date: _____

Print Name: _____

Address: _____

Phone: _____

Social Security Number _____ - _____ - _____

I do not have a social security number

Part 5. Children's racial and ethnic identities (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

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 children 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, Family Independence Temporary Assistance Program (FITAP) 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 see 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 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.

Part 6. Louisiana Children's Health Insurance Program (LaCHIP)

No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-price meals who do not have health insurance can get free health coverage from LaCHIP. The school system is allowed to share information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.

I do not want school officials to share information from my free and reduced-price meals application with La CHIP.

Please sign here: X _____
Signature of Parent/Guardian

_____ Date

Return application to: _____

If you have questions, call: _____

OFFICE USE ONLY: Do not fill out this part. This is for school use only

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Annual Income Conversion: Weekly X 52, Every 2 weeks X 26, Twice a month x 24, monthly x 12

Monthly Income: _____ Household size: _____ FS/FITAP: _____ Homeless/Migrant/Runaway _____ Date Withdrawn: _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____ Temporary Free _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____