

2009-2010 Multi Child Application for Meal Benefits RICHLAND COUNTY SCHOOL DISTRICT ONE

Use **INK. PRINT NEATLY.** COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD

If you need Help, call the **FOOD SERVICE OFFICE** at 231-6953. **SIGN AND RETURN** the Application to the School Cafeteria

HOUSEHOLDS WITH A FOSTER CHILD: If a child living with your household is the legal responsibility of a welfare agency or court, check here:

AND list the foster child's information and monthly personal use income on the first line Section 2, then skip to section 6. (Write "0" if the child has no personal use income.)

If the child you are applying for is homeless, migrant or a runaway check the appropriate box and call the District's Homeless/Liasion/Migrant coordinator at 231-6745.

Homeless Migrant Runaway

Application ID

STUDENTS ATTENDING RICHLAND COUNTY SCHOOL DISTRICT ONE

Student ID # (For School Use Only)	Student Name / School Name	Student Monthly Income (or Foster Child personal use income)	Grade	Date of Birth	SNAP# (Formerly Food Stamp#) NoEBT Card #
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

ALL OTHER HOUSEHOLD MEMBERS - PREVIOUS MONTH'S INCOME

First Name / Last Name	Gross Earnings Before Deductions	Frequency: Weekly, Monthly, Bi Weekly, Twice Monthly, Yearly	Welfare, Child Support / Alimony, Pensions, Retirement, Social Security	All Other Monthly Income	Check if NO Income
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>
	\$		\$	\$	<input type="checkbox"/>

Signature and Social Security Number: 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 SSN" box (see Privacy Act Statement on the back of this form). 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 given. I understand that school officials may check the information. I understand that If I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

X _____
Signature of Adult Household Member

Printed Name:

_____-_____-_____
Address
Social Security Number

I do not have one. (See Privacy Act Statement on the back of this page)

Date: _____

← WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

RACE: Please identify the race and ethnicity of your child(ren). (Optional)

Mark one Racial Identity: White Black Asian/Pacific Islander American Indian/Alaska Native Other

Mark one Ethnicity Identity: Hispanic or Latino Not Hispanic or Latino

Do Not Fill Out This Part. This is for School use only. Annual Income Conversion Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

Determining Official _____

Effective Date: / /

Use one (1) application for all children living in the same household and attending school(s) within Richland School District One, except for foster children. Each foster child must have a separate application. Follow the directions as applicable and list the grades and schools each of the students attend. Incomplete or unsigned applications will not be approved. Therefore, make sure you have completed all the required information, signed the application, and RETURN IT TO THE SCHOOL CAFETERIA.

Dear Parent/Guardian:

Richland One Schools are committed to offering healthy meals to our children every school day. We believe good nutrition helps to support stronger minds and bodies.

All meals that are served meet the nutritional standards set by the U.S. Department of Agriculture. If your child has a qualifying disability, as described by the Americans with Disability Act, which prevents him/her from eating the regular school meals, the school will offer a comparable menu selection as prescribed by a medical professional at no extra charge. The school is not required to make a substitution for a food allergy unless defined as a disability by the ADA. If you believe your child has a qualifying disability, please contact the Office of Student Nutrition Services at 231-6953 for further information. If you receive Food Stamps or TANF for your child(ren), your child(ren) can receive free meals. If your total household income is the same or less than the amount on the Income Eligibility Guideline chart, provided in this letter, your child(ren) can receive free or reduced meals. A foster child may receive free meals regardless of your income. However, you must list the child's personal use income in the first line of the student income section.

Free and Reduced Price Meals are not permitted without a processed application. This includes Food Stamps/TANF and Foster Children applications. **A new signed application must be submitted each school year.**

Here are answers to questions you may have about applying:

Who can receive free or reduced price meals? Households receiving Food Stamps or TANF and most foster children; or if your household income is within the limits of the Federal Income Chart below.

Can homeless, runaway and migrant children get free meals? Please call the District Homeless Liaison/Migrant Coordinator at 231-6745.

I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced meals. Please complete an application.

May I apply if someone in my household is not a US Citizen? Yes. You or your child(ren) do not have to be a US citizen to qualify for free or reduced meals.

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 normally get overtime, include it, but not if you 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.

All other allowances must be included in your gross income.

Will the information I give be checked? Yes, we may ask you to provide written income verification.

What if I stop getting Food Stamps or TANF? If your child qualifies because you listed a Food Stamp or TANF case number, you must notify Student Nutrition Services at 231-6958.

What if my household size or incomes changes? You must notify us at 231-6958 if your household size changes or if your income goes up by more than \$50 per month (\$600 per year).

If I don't qualify now, may I apply again later? Yes.

What if I disagree with the decision about my application?

Call 231-6960 or 231-6958 or write:
Chief Administrative Officer
201 Park Street
Columbia, SC 29201

If you have other questions or need help, call: 231-6958 or 231-6960

Si necesita ayuda, por favor, llame al teléfono: 231-6958 or 231-6960

Si vous voudriez d'aide, contactez nous au numero: 231-6958 or 231-6960

Richland One Meal Cost for 2009-2010				
	Elementary Schools		Secondary Schools	
	Breakfast	Lunch	Breakfast	Lunch
Full Price	\$0.75	\$1.35	\$0.75	\$1.50
Reduced Price	\$0.30	\$0.40	\$0.30	\$0.40

INCOME ELIGIBILITY GUIDELINES - FEDERAL INCOME CHART

Effective July 1, 2009 to June 30, 2010

Household Size	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	\$26,955	\$2,247	\$519
3	\$33,874	\$2,823	\$652
4	\$40,793	\$3,400	\$785
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317

For each Additional Family Member Add:

\$ 6,919 \$577 \$1234

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

To determine Monthly Income divide the annual income by 12; twice monthly, divide annual income by 24; every two weeks, divide annual income by 26; weekly divide annual income by 52, or Bi-Weekly Income x 2.15, or Bi-Monthly x 2.

Privacy Act Statement: This explains how we will use the information you give us. The National School Lunch Act requires the information on this application. You do not have to give this information. However, we cannot approve your children for free or reduced meals. The Social Security Number of the adult household member signing the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to assess child's(ren's) eligibility for free or reduced meals, to operate the program and to enforce the rules of the program. 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 identify misuse 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, Room 326-W, Whitten Bldg. 1400 Independence Avenue SW, Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely

Imogene Clarke
Director, Student Nutrition Services

Instructions for
MULTI-CHILD APPLICATION FOR MEAL BENEFITS

RICHLAND COUNTY SCHOOL DISTRICT ONE

**A CURRENT APPLICATION MUST BE SUBMITTED FOR ALL STUDENTS
FOR WHOM FREE/REDUCED MEAL BENEFITS ARE REQUESTED.**

General Instructions and Information

- **Take applications to the cafeteria.**
- **Do not tear-off the stub.** The cashier will ensure all information needed is provided, will sign, date, and return your stub for your records.
- **All addresses and contact information must be updated at the school office.** Any correspondence sent by SNS will be sent to the address currently on file with your school.
- Once your application is complete, we will mail you an eligibility letter.

Student Nutrition Services is not responsible for any mistakes that are written on the application. Incomplete or incorrect applications may result in accounts being charged which will be the responsibility of the parent.

INCOME-BASED APPLICATIONS

- In section #2, include names of **all Richland School District One students** residing in your household, grades, and school names. Failure to do so may result in a child being charged for meals. These charges will be considered the responsibility of the parent.
- In section #4, list **all other household members.**
- Write the gross amount of each paycheck. Under the frequency column, list how often checks are received. **Any balance accrued because of miscalculations based on information provided is considered the responsibility of the parent.**
- Section #6 is optional.
- Section #7 must be complete. Applications with missing signatures and social security numbers will not be processed. They will be returned to the parents.

Any balances that accrue due to omission of information in sections #2, #4, or #7 is solely the responsibility of the parent.

(over)

SNAP(formerly Food Stamp) or TANF, following these instructions

- In section #2, include names of **all Richland School District One Students** residing in your household, grades, and school names. Failure to do so may result in a child being charged for meals. These charges will be considered the responsibility of the parent.
- Do not use an EBT Card number. A case number must be provided.
- Section #4 is to be left blank.
- Section # 6 is optional.
- Signature of a guardian is required.

FOSTER CHILDREN APPLICATIONS

- Only one student is allowed per application. If you have more than one foster child, multiple applications must be completed.
- In section #1 check the box beside the line which reads "HOUSEHOLDS WITH A FOSTER CHILD: If a child living with your household is the legal responsibility of a welfare agency or court, check here:"
- Place the name of **one student** in section #2.
- Section #4 is to be left blank.
- Section #6 is optional.
- In section #7, the guardian must sign and date the application.

HOMELESS, MIGRANT, AND RUNAWAY APPLICATIONS

Contact Deborah Boone at 231-6745.

For information on accounts or applications please contact **Student Nutrition Services.**

201 Park Street
Columbia, SC 29201

Phone: 231-6953
Fax: 231-6962