

Barrow County Schools Meal Application 2016-2017

Dear Parent/Guardian:

Children need healthy meals to learn. **Barrow County Schools** offer healthy meals every school day. There is no cost for Breakfast; lunch cost is **\$1.50 Elementary, \$1.75 for Middle and \$2.00 for High school**. Your children may qualify for free meals or for reduced price meals. Reduced price is **.40¢** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No, one application per family is required. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:
Your child's cafeteria manager or SNP Department, 179 W. Athens St., Winder, GA 30680
2. WHO CAN GET FREE OR REDUCED PRICED MEALS? All children in households receiving benefits from **SNAP or TANF** or meet the definition of homeless, runaway, or migrant can get free meals regardless of your income. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Children participating in their school's Head Start program are eligible for free meals. Also, your children can get free or reduced price meals if your household income is at or below the limits on the Federal Income Eligibility Guidelines chart on page 6.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact **Jennifer Justice, (770)867-4527**
Email: jennifer.justice@barrow.k12.ga.us.
4. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of paper application if you are able. The online application has the same requirements and will ask you the same information as the paper application. Visit www.barrow.k12.ga.us to begin or learn more about the online application process. Contact **Betty McWaters 770-867-4527** or betty.mcwaters@barrow.k12.ga.us if you have any questions.
5. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the school at **(770)867-4527 EXT 179** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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: **Jennifer Houston, (770)867-4527, or Email: jennifer.houston@barrow.k12.ga.us**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplement Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office. If you have other questions or need help, please contact **Betty McWaters at (770)867-4527 or Email: betty.mcwaters@barrow.k12.ga.us**

Thank you, Pamela LeFrois, M.Ed., SNS – Director of School Nutrition

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit **one** application per household, even if your children attend more than one school in Barrow County Schools. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Barrow County School System: Betty McWaters 770-867-4527, or email: betty.mcwaters@barrow.k12.ga.us**.

PLEASE USE A BLACK OR BLUE INK PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Barrow County School System, *regardless of age*.

A) List each child's name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. Please write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Optional: For each child enter birthdate, grade, and the child's 5 digit Student ID# (if known).

C) Is the child a student at Barrow County School System? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **Barrow County School System**.

D) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and follow these instructions.

E) Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, and Runaway" box next to the child's name and **complete all steps of the application**.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP OR TANF?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Skip to STEP 3 on these instructions and STEP 3 on your application.**
- **Leave STEP 2 blank.**

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Please provide a case number for SNAP or TANF.** You only need to write **one** case number. **You must provide a case number on your application if you receive SNAP or TANF.**
- **Skip to STEP 4 if you completed STEP 2, otherwise continue on to STEP 3.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions. Report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked “Total Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?
 Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wage.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits 	<ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?
 When filling out this section, please include **all** members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Do **not** include people who:

- Live with you but are not supported by your household’s income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have knowledge or available information that your household income was reported incorrectly, your application may be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member’s name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Pensions/Retirement/All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. The household’s primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SS#.”

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) Provide your contact information. Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

D) Share children’s Racial and Ethnic Identities (optional). On the front of the application, we ask you to share information about your children’s race and ethnicity. **This field is optional and does not affect your children’s eligibility for free or reduced price school meals.**

2016-2017 Application for Free and Reduced Price School Meals

Barrow County School System

USE BLACK INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Legal First Name	MI	Legal Last Name	Birthdate						Student ID #	Is Student?		Foster Child	Homeless, Migrant, Runaway
			M	M	D	D	Y	Y		Yes	No		
										<input type="checkbox"/>	<input type="checkbox"/>		
										<input type="checkbox"/>	<input type="checkbox"/>		
										<input type="checkbox"/>	<input type="checkbox"/>		
										<input type="checkbox"/>	<input type="checkbox"/>		
										<input type="checkbox"/>	<input type="checkbox"/>		

Check all that apply

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDIPIR? Check the appropriate box below.

SNAP TANF FDIPIR If you DID NOT check one of the boxes to the left, complete SECTION 3. If you checked one of the boxes to the left, write a case number here then go to section 4. (DO NOT complete SECTION 3) Case Number:

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to SECTION 2)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members in Section 1 here.

Child Income
 Fill in Circle How Often ?
 Monthly | Every Other Wk
 Weekly | Twice A Month

B. All Adult Household Members (including yourself)

List all Household Members not listed in Section 1 (including yourself) even if they did not receive income. For each Household Member listed, if they receive income, report total income for each source in whole dollars ONLY. If they DO NOT receive income from any source, check the no income check box. If you check the no income check box, you are certifying (promising) that there is no income to report.

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

Name of Adult Household Members (First and Last)	Check Box if No Income	Earnings from Work		Public Assistance / Child Support/Alimony		Pay from Pensions/ Retirement/All Other Income	
		How Often ?	How Often ?	How Often ?	How Often ?		
	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
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	<input type="checkbox"/>	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	<input type="text"/>	<input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member * * * - * * -

Check if no SSN

Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Address City Zip Daytime Phone

PRINT HERE

SIGN HERE

Printed Name of adult completing the form

Signature of adult completing the form

Today's Date

Email Address

Children's ethnic/race identities (optional): Choose one Ethnicity: HISPANIC/LATINO NOT HISPANIC/LATINO Choose one or more (regardless of Ethnicity): WHITE ASIAN BLACK or AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

Return to the School Cafeteria or mail to the Child Nutrition Program; 179 W. Athens St., Winder, GA 30680