

MONTGOMERY COUNTY PUBLIC SCHOOLS
200 JUNKIN STREET
CHRISTIANSBURG, VA 24073

August 2007

Dear Parent/Guardian:

Montgomery County Public Schools serve nutritious meals every school day. All students may buy breakfast for \$1.00. Elementary students may buy lunch for \$1.85, and middle/high school students may buy lunch for \$1.90. Meals are also available free or at a reduced price for eligible students. All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student 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 student needs substitutions because of a disability, please get in touch with us for further information.

Children who are members of food stamp households or who receive Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court may also be eligible for benefits regardless of the income of the household with whom they reside. Eligibility for the foster child is based on the child's income. Children who are members of households participating in WIC may also be eligible for, free or reduced-price meals based on the household's income. If your total household income is at or below the amounts on the income chart, your child(ren) may get free meals **or** your child(ren) may get reduced price meals for \$.30 cents for breakfast, \$.40 cents for lunch.

HOW TO APPLY

Households that are receiving food stamps or TANF for their children must fill out an application if you have not received a Direct Certification letter stating that your child qualifies for free meals. School officials will notify you of your child(ren)'s eligibility and they will be provided free benefits, unless you tell the school that you do not want benefits. The application must contain the child's name, the food stamp or TANF number for each child listed and the signature of an adult household member.

If you do not receive food stamps or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a food stamp or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all household members, and the amount and frequency of income each person received last month. An adult household member must sign the application and include his/her social security number. If the person does not have a social security number, check the box 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. Fill out a separate application for each foster child.

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

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

INCOME CHART					
Effective July 1, 2007 to June 30, 2008					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$18,889	\$1,575	\$788	\$ 727	\$ 364
2	\$25,327	\$2,111	\$1,056	\$ 975	\$ 488
3	\$31,765	\$2,648	\$1,324	\$1,222	\$ 611
4	\$38,203	\$3,184	\$1,592	\$1,470	\$ 735
5	\$44,641	\$3,721	\$1,861	\$1,717	\$ 859
6	\$51,079	\$4,257	\$2,129	\$1,965	\$ 983
7	\$57,517	\$4,794	\$2,397	\$2,213	\$1,107
8	\$63,955	\$5,330	\$2,665	\$2,460	\$1,230
For Each Additional Family Member Add	+ \$6,438	+ \$537	+ \$269	+ \$248	+ \$124

REPORTING CHANGES: Once your child(ren) is approved for free or reduced price meal benefits during a school year, a household will remain eligible for those benefits for the entire school year. Households are no longer required to report changes in circumstances such as an increase in income, a decrease in household size, or when the household is no longer eligible for food stamps or Temporary Assistance to Needy Families (TANF). This provision applies to students approved by direct certification as well as by application.

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 TANF for your child(ren), **fill out an application at that time.**

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs 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 FAMIS. 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 FAMIS 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 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(ren) should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the decision 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 request a hearing by calling or writing the following official:

Mr. Walter L. Shannon
200 Junkin Street
Christiansburg, VA 24073
Phone: 540-382-5156

IF YOU NEED HELP FILLING OUT THE APPLICATION FORM, PLEASE CONTACT THE SCHOOL YOUR CHILD(REN) ATTENDS OR THE SCHOOL NUTRITION OFFICE AT 540-382-5156.

You will be notified when your child(ren)'s application is approved or denied. **An incomplete application will not be processed. An unsigned application is an incomplete application. It will be returned to you, which will delay the process of determining if your child(ren) is eligible for free or reduced meal benefits.**

Sincerely,



Dr. Tiffany Anderson, Superintendent
Montgomery County Public Schools

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, disability or retaliation. If you require this information in alternative format (Braille, large print, audiotape) contact the USDA TARGET Center at (202) 720-2600 (voice or TDD). To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call toll free (866) 632-9992. TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

DATE RECEIVED

**MONTGOMERY COUNTY PUBLIC SCHOOLS
2007-2008 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS**

COMPLETE ONE APPLICATION PER HOUSEHOLD (except if foster child) *

SNP USE ONLY

Complete, sign, and return the application to any school in the division. Please read the instructions. Call the school if you need help completing this form.

Part 1. Children in Montgomery County Public Schools only. (*Use a separate application for each foster child)

	LEGAL GIVEN LAST NAME (Please Print)	LEGAL GIVEN FIRST NAME (Please Print)	M.I	GRADE	SCHOOL	STUDENT ID # (Not their Social Security Number)	FOOD STAMP or TANF CASE NUMBER (Medicaid # not accepted) for each child listed
1							
2							
3							
4							
5							
6							

If you are getting FOOD STAMPS or TANF benefits for your child(ren), list the case number by each child's name. DO NOT complete Parts 2, 3 or 4. Go to Part 5.

Part 2. If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school to talk with the homeless liaison or migrant coordinator.

Homeless Migrant Runaway **Complete Parts 4, 5, 6, and 7.**

Part 3. Is this a **FOSTER CHILD** who is the legal responsibility of the courts? If this is a foster child, check here and write the child's monthly income here: \$ _____

Write "0" if the child has no personal use income. Go to and complete parts 5, 6, and 7.

Part 4. ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete Part 3 or if you did not list a food stamp or TANF case number in Part 1)

List all household members, including the child(ren) listed above. List gross income before any deductions and tell us how often it was received. **If you do not indicate a pay frequency, your application will not be processed and will be returned for completion. See Instruction #4 on next page for more information.**

Names of all Household Members (Include the child(ren) named above)	Age	List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: W=Weekly; BIW=Biweekly; M=Monthly; BIM=Bimonthly; YR=Yearly					Check If No Income
		Earnings from Work Before Deductions, Wages, Salaries, and Tips, or Strike Benefits, Unemployment Benefits, Worker's Compensation or Earnings from Self-owned Business		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (See Back of Form)	
		Job 1 (See part 4 in instructions) EX. \$235.20 [W]	Job 2 (See part 4 in instructions) EX. \$235.20 [W]				
1.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
2.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
3.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
4.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
5.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
6.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>
7.		\$ []	\$ []	\$ []	\$ []	\$ []	<input type="checkbox"/>

Part 5. RACIAL IDENTITIES: You are not required to answer this question. If you choose to do so: Please circle one or more of the following racial identities:

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

ETHNIC IDENTITIES: Please mark one of the following: Hispanic or Latino Not Hispanic or Latino

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

I do _____ do not _____ want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institutional officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

				□□□-□□-□□□□	<input type="checkbox"/> I Do Not Have A Social Security Number
Signature of Adult Household Member		Printed Name of Adult Household Member		Social Security # of Adult Signing Application	Date
Mailing Address:			Home Phone:		
City:	ST:	Zip Code:	Work Phone:		
DO NOT WRITE BELOW THIS LINE- SNP USE ONLY —Annual Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12					
TOTAL INCOME/HOW OFTEN: \$ _____ / _____ HOUSEHOLD SIZE _____ <input type="checkbox"/> Food Stamp <input type="checkbox"/> TANF <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced					
<input type="checkbox"/> Temporary, Expires _____ <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Denied Reason: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete					
Signature of Approving Official					

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete **one application for ALL children in the household who are in school with the exception of foster children (see part3)** using the following instructions. Sign the application and return the application to any school in the school division. Call the school if you need help.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the names of all children in the household who are in school.
2. List the grade, the school and the student's school ID# for each child.
3. List a current food stamp or TANF case number for **each child**. This number is in your approval letter. Medicaid numbers are not accepted. **If you list a food stamp or TANF number you do not need to list names of household members or income. SKIP Part 4. COMPLETE Parts 5, 6, & 7.**
4. Sign the application in Part 7. An adult household member must sign Part 7 and provide a social security number or check the box if they do not have one.

PART 2 - Check the appropriate box and contact your school to talk with the homeless liaison or migrant coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PARTS 5, 6, & 7.

A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. Skip Part 4. Do not list any other children, household members, or income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.
2. A foster parent or other official representing the child must sign the application in Part 7. **Use a separate application for each foster child.**

PART 4- ALL OTHER HOUSEHOLDS WITHOUT A FOOD STAMP OR TANF NUMBER LISTED IN PART 1, including WIC households, MUST COMPLETE PARTS 4, 5, 6, & 7.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, all children who are in school, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. **Write the amount of income each household member receives, before taxes or anything else is taken out, and how often it is received.** For example, list the gross income each person earned from work. The amount should be listed on your pay stub. This is not the same as take home pay, it is the amount before taxes and other deductions. Next to the amount write how often the person receives it. If any amount **last pay period** was more or less than usual, write that person's usual income. Check the box in the last column if an individual does not receive an income.
3. An adult household member must sign the application in Part 7 and give his/her social security number or check the box if they don't have one.

TYPES OF INCOME TO REPORT AND HOW TO REPORT THEM ON THE APPLICATION

		List Gross Income (before any deductions) in whole dollars. Write in how often income is received, for example: W=Weekly; BIW=Biweekly; M=Monthly; BIM=Bimonthly; YR=Yearly					Check If No Income
		Earnings from Work Before Deductions, Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income from Self-Owned Business or Farm	Welfare/Child Support/Alimony Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments (You must list the pay frequency you receive and the amount you receive)	Pensions/ Retirement/ Social Security Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security (You must list the pay frequency you receive and the amount you receive)	Other Income Disability Benefits, Cash Withdrawn from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income (You must list the pay frequency you receive and the amount you receive)		
Names of all Household Members (Include the child(ren) named above)	Age	Job 1 (You must list the pay frequency you receive and the amount you receive)	Job 2 (You must list the pay frequency you receive and the amount you receive)	(You must list the pay frequency you receive and the amount you receive)	(You must list the pay frequency you receive and the amount you receive)	(You must list the pay frequency you receive and the amount you receive)	<input type="checkbox"/>
	Do Not Complete if this is a foster child, or if you listed a food stamp or TANF case number in Part 1.	\$200 [W] (Weekly)	\$100 [BIW] Every 2 weeks	\$150 [M] (Monthly)	\$100 [M] (Monthly)	\$50 [BIM] (Twice per Mo.)	
(Example) Jane Smith	42						<input type="checkbox"/>

PART 5 - RACIAL/ETHNIC IDENTITY:

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get meal benefits. We need this information to make sure that everyone is treated fairly.

PART 6 – OTHER BENEFITS: You may be eligible for other benefits. Look at Part 6 on the application. To obtain meal benefits, you are not required to complete this section.

PART 7 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 7.

1. The application must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult who signs does not have a social security number, they must check the box I Do Not Have A Social Security Number. If you listed a food stamp or TANF number for each child or if you are applying for a foster child, a social security number is not needed.

Privacy Act Statement: Unless you list the child's food stamp, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, or, TANF office to determine current certification for food stamps, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and Child Nutrition Act, the Comptroller General of the U.S., Law enforcement officials for the purpose of investigating violations of certain federal and state laws, and local education, health, and nutrition programs.

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