Haverhill Public Schools



Dear Parent/Guardian

FOOD SERVICE DEPARTMENT

Children need healthy meals to learn. HAVERHILL PUBLIC SCHOOLS offers healthy meals every school day. Breakfast costs \$1.50; lunch costs Elementary \$3.00, Middle School \$3.10 High School \$3.25 - \$3.75. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Frequently Asked Questions

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from MA SNAP, MA TAFDC, or specific categories of Medicaid are eligible for free meals.
- 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.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal
 Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income
 falls at or below the limits on this chart.

FEDEF	AL ELIGIBILITY INCOME CHA	RT For School Year 2018-2019	
Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	+7,992	+666	+154

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 call or e-mail Lorna Marchant at 978-374-5730 or Imarchant@haverhill-ps.org.

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Haverhill Public Schools- Food Service Department, 4 Summer Street Room 104, Haverhill, MA 01830.

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Zoraida Jordan at 978-374-3423 or <u>zjordan@haverhill-ps.org</u> immediately.

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.

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in a completed application.

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

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.

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: Zoraida Jordan at 978-374-3423 or zjordan@haverhill-ps.org.

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you <u>normally</u> 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.

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.

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 Supplemental 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.

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. Contact Zoraida Jordan 978-374-3423 or zjordan@haverhill-ps.org to receive a second application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for MA SNAP or other assistance benefits, contact your local assistance office or call the MA SNAP Hotline at 1-866-950-3663.

If you have other questions or need help, call 978-374-3423.

Sincerely,

Zoraida Jordan

Food Service Bookkeeper

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

2018-2019 Prototype Household Application for Free and Reduced Price School Meal Complete one application per household. Please use a pen (not a pencil).

	i		
Definition of Household Member: "Anyone who is	Child's First Name	MI Child's Last Name	School Grade Student? Foster Mi
living with you and shares income and expenses, even			
if not related."			Adda
children who meet the definition of Homeless.			The factor of th
Migrant or Runaway are eligible for free mesk. Read How to Apply for Free and			yJeck all
Reduced Price School Meals for more information.			
STEP 2 Do any h	Do any Household Members (including you) currently participat	ently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?	TANE, or FUDIR?
	If NO > Go to STEP 3. If Y	If YES ➤ Write a case number here then go to STEP 4 (Do not complete STFP 3)	Case Number:
			Write only one case number in this si
STEIS	report income for ALL Househoid Members (Skip this step if you an	iis step if you answered 'Yes' to STEP 2)	
	A. Child Income Sometimes children in the household earn or I Household Members listed in STFP 1 here	, =	Child Income Weekly B-Weekly 2xMonth Monthy
	B. All Adult Household Members (including yoursel	Minding yourself)	0 0 0 0
Are you unsure what income to include here?	List all Household Members not listed in STEF for each source in whole dollars (no cents) on	List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0', if you enter '0' or leave any fields blank you are received in whole dollars.	ted, if they do receive income, report total gross income (before taxes)
Flip the page and review the charts titled "Sources of promes" for more	Name of Adult Household Members (First and Last)	How often? Public Assistance/ Work Weeky Bi-Weeky 2x Month Monthy Ohid Support/Amony Meeter nay	Humanin 2-tond tonds of the control
information,			0
The "Sources of Income for Children" chart will help you with the Child		90000	9
Income section,		\$ 0000	000
for Adults" chart will help you with the All Adult		\$ 0000	
Household Members section,		\$ 0 0 0 0 \$	
	Total Household Members (Children and Adults)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Check if no SSN
STEP 4 Contact in	Contact information and adult signature. Mail Co	Mail Completed Form TO: HAVERHILL FOOD SERVICE, 4 SUMMER STREET, ROOM 104, HAVERHII MA 01830	M 104 HAVERHILL MA 07830
" certity (promise) that all informat false information, my children may	ion on this application is true and that all income is report lose meal benefits, and I may be prosecuted under applic	"I certify (rornise) 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	ool officials may verify (check) the Information. I am aware that if I purposely give
Street Address (if available)	Apt#	City State Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form	e form	Signature of adult	Today's date

INSTRUCTIONS Sources of Income

Sources of Inco	Sources of Income for Children	8	Sources of Income for Adults	ılts
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	Unemployment benefits Worker's compensation	Social Security (including railroad
- Social Security - Disability Payments	- A child is blind or disabled and receives Social Security benefits	Net income from self- employment (farm or	Supplemental Security Income (SSI)	retirement and black lung benefits)
- Survivor's Benefits	- A Parent is disabled, retired, or deceased, and their ohild receives Social Security benefits	business)	- Cash assistance from State or local	disability benefits
Income from person outside the household	- A friend or extended family member regularly gives a child spending money	you are if ure 0.3. Millitary. Basicpay and cash bonuses	governinent - Alimony payments - Child support payments	regular income non- trusts or estates - Annuities
		(do NOT include combat pay,	Veteran's benefits	Investment income
-Income from any other source	- A child receives regular income from a	FSSA or privatized housing allowances)	- Strike benefits	- Eamed interest - Rental income
	private pension lund, armuly, or must	- Allowances for off-base housing, food and clothing		 Regular cash payments from outside household
		nousing, tood and couning		

black lung

Children's Racial and Ethnic Identities OPTIONAL

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

☐ Asian Not Hispanic or Latino panic or Latino INot Hispa American Indian or Alaskan Native Effnicity (check one): Race Hispanic or Latino (check one or more):

(FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household determine if your child is eligible for free or reduced price meals, and for administration and enforcement of The Richard B. Russell National School Lunch Act requires the information on this application. You do meals. You must include the last four digits of the social security number of the adult household member who not have to give the information, but if you do not, we cannot approve your child for free or reduced price the lunch and breakfast programs. We MAY share your eligibility information with education, health, and signs the application. The last four digits of the social security number is not required when you apply on member signing the application does not have a social security number. We will use your information to Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or

large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits, Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made Persons with disabilities who require alternative means of communication for program information (e.g. Braille, available in languages other than English.

☐ White

Native Hawaiian or Other Pacific Islander

Black or African American

form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the USDA by:

Office of the Assistant Secretary for Civil Rights U.S. Department of Agriculture

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(202) 690-7442; or

This institution is an equal opportunity provider. program.intake@usda.gov. email:

For School Use Only Do not fill out

	on: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12	How often?
,	Annual Income Convers	

Eligibility:	Fire Raduosd Denied	0 0	Verifying Official's Signature	
		Categorical Eligibility	Date	
	Weekly 2xMonth Monthly Household Size	Cate	Confirming Official's Signature	
How often?	Weekly Bi-Weekly 2x Month Monthly	0000	Date	
	Total Income		Determining Official's Signature	

Date