

**PARADISE VALLEY UNIFIED SCHOOL DISTRICT
2009-2010 SCHOOL MEALS FAMILY APPLICATION**

Dear Parent or Guardian:

The Paradise Valley Unified School District participates in the National School Lunch Program. Nutritious meals are served daily at each school. Menus are planned in accordance with the Dietary Guidelines for Americans.

Meal pricing:

Breakfast: Elementary \$1.00, Middle and High Schools \$1.25
Lunch: Elementary Schools \$2.00, Middle Schools \$2.25, High Schools \$2.75
Reduced price breakfasts: .00 for all grades
Reduced price lunches: .00 for all grades

Account and charge policy:

Accounts are maintained at individual sites. No charges are allowed for the meal program. Please maintain an appropriate balance on your student(s) account to cover their meals. Snack items are sold on a cash only basis.

Verification:

Your student(s) eligibility for the meal program may be verified by school officials at any time during the school year. However, a mandatory random verification is done in the fall of all meal program applications. If you receive a letter asking for income verification please respond promptly to this information. Failure to respond can result in loss of eligibility.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. 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: Nutrition & Wellness, 20621 N. 32nd St., Phoenix, AZ 85050, 602-449-2274**

2. Who can get free meals? Children in households getting SNAP (formerly Food Stamp program) or Cash Assistance (CA) or FDIPIR 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.

3. 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.

4. 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.

5. 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 **602-449-2274** if you have questions.

6. 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.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. 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 SNAP (formerly Food Stamp program), CA or FDIPIR or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. 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: Nutrition & Wellness, 20621 N. 32nd St., Phoenix, AZ 85050, 602-449-2274

10. 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.

11. 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.

12. 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 get it only sometimes.

13. 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.

If you have questions or need help contact us at:

Nutrition and Wellness
20621 N. 32nd St.
Phoenix, AZ 85050
602-449-2274

INSTRUCTIONS FOR APPLYING

If your household gets SNAP or CASH ASSISTANCE (CA) or FDPIR, follow these instructions:

- Part 1: List child (ren)'s name, school, grade
- Part 2: List SNAP or CA or FDPIP case number for each child
- Part 3: Check the appropriate box, if any
- Part 4: Skip this part
- Part 5: Skip this part
- Part 6: Sign the form. A Social Security Number is not necessary
- Part 7: Answer this question if you choose to

If you are applying for Homeless, Migrant or Runaway, check the appropriate box and contact School Homeless Liaison or Migrant Coordinator. Fill out the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school and grade
- Part 2: Skip this part
- Part 3: Skip this part
- Part 4: Check the box and list the child's personal use monthly income, if none then fill in 0
- Part 5: Skip this part
- Part 6: Sign the form. A Social Security Number is not necessary
- Part 7: Answer the question of you choose to

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

- Part 1: List each child's name, school, grade
- Part 2: Skip this part
- Part 3: Check the appropriate box, if any
- Part 4: Skip this part
- Part 5: 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 the children living with you. Attach another sheet of paper if you need to.
 - Column 2-Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, Earnings from work: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your employer can tell you. Next to the amount, write how often the person received payment from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include 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. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3-Check if no income: If the person does not have any income, check the box.**
- Part 6: **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 7: Answer this question if you choose to.

P.V.U.S.D. 2009-2010 SCHOOL MEALS FAMILY APPLICATION APP# _____

Part 1. Children in School
Print name of all children in this school district

Part 2. SNAP (formerly Food Stamps)
Cash Assistance/FDPIR Case Number

| First | Last | School | Grade | Student ID# | Case Number |
|-------|------|--------|-------|-------------|-------------|
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Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate space and call the School Liason, migrant coordinator at phone # _____ Homeless ___ Migrant ___ Runaway ___

Part 4. Foster child– If this application is for a child who is the legal responsibility of a welfare agency or court, check this space ___ and list the amount of the child’s personal use monthly income: \$ _____. **Now skip to Part 6.**

Part 5. Total Household Gross Income– You must tell us how much and how often you get paid

Total # of people in house _____ **Gross income and how often it was received– Please write code next to each income**
 Example: \$100/weekly Code A \$100/every 2 weeks Code B \$100/twice a month Code C \$100/monthly Code D

| List all adults and children in household including those in Part 1 | Earnings from work before deductions (code) | Welfare, child Support, alimony (code) | Pensions, retirement, Social Security (code) | All other Income (code) | Check Here if No \$\$ |
|---|---|--|--|-------------------------|-----------------------|
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |
| | \$ / | \$ / | \$ / | \$ / | |

Part 6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 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 back 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** _____ Print name: _____
 Address: _____ Date: _____
 City, State, Zip _____ Phone : _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number _____

Part 7. Children’s racial and ethnic identities (optional)

Mark one or more racial identities: _____ Mark one ethnic identity: _____
 ___ Asian ___ American Indian or Alaska Native ___ Hispanic or Latino
 ___ White ___ Native Hawaiian or Other Pacific Islander ___ Not Hispanic or Latino
 ___ Black or African American ___ Other

FOR OFFICE USE ONLY Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: ___ Week, ___ Every 2 Weeks, ___ Twice A Month, ___ Month, ___ Year Household size: _____
 Categorical Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____ Withdrawn date: _____
 Temporary Free: _____ Expiration date: _____ (expires after 45 days)
 Determining Official’s Signature: _____ Date: _____
 Confirming Official’s Signature: _____ Date: _____ Follow-up Official’s Signature: _____ Date: _____

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 child 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 SNAP, Cash Assistance (CA) Program 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 determine 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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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

FEDERAL INCOME CHART FOR SCHOOL YEAR 2009-2010

| Household size | Yearly | 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 |
| Each additional person | +\$6,919 | +\$577 | +\$134 |

FOR SCHOOL USE ONLY

VERIFICATION

Date Selected for Verification _____
 Response Due from Household _____
 Second Notice Sent _____
 Date Response Received _____

Verification Results:

- No Change
- Ineligible
- Free to Reduced
- Reduced to Free

Reason for Change:

- Income
- Household Size
- Refused to Cooperate
- Other _____

Sample Selection: Random Focused

100% Other

SNAP/CA/FDPIR

Eligibility:

Not Confirmed

Food Stamp/CA/FDPIR Office

Notice of Eligibility

Agency records

Monthly Income \$ _____

Wage Stubs

Written Documents

Collateral Contact

Other _____

Date Adverse Notice Sent _____

Date of Change _____

Signature of

Verifying Official _____

Date _____