

**2019-2020 Family Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).



For Faster Approval Apply Online at [www.yourchoicefresh.com](http://www.yourchoicefresh.com)

**STEP 1 LIST ALL STUDENT HOUSEHOLD MEMBERS** (if more spaces are required for additional names, attach another sheet of paper)

Print name, DOB, grade and school for ALL students for which you are applying. Please check appropriate box if student is Foster, Homeless, Migrant, Runaway or Head Start and see instructions for applying on the next page.

STUDENT NUMBER (school use only)	DATE OF BIRTH	LEGAL NAME LAST, FIRST, MIDDLE	GRADE	Received Free or Reduced Meals in Alachua County during 2017-18 School year?	SCHOOL	Head Start	Foster	Homeless	Runaway	Migrant
				<input type="checkbox"/> Y <input type="checkbox"/> N						
				<input type="checkbox"/> Y <input type="checkbox"/> N						
				<input type="checkbox"/> Y <input type="checkbox"/> N						
				<input type="checkbox"/> Y <input type="checkbox"/> N						
				<input type="checkbox"/> Y <input type="checkbox"/> N						

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?**

Provide name and case number of household member who receives FL SNAP, TANF, or FDPIR benefits. **Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**STEP 3 REPORT ALL HOUSEHOLD MEMBERS & GROSS INCOME** (Skip this step if you listed a case number in STEP 2)

List all income on the same line as the person who receives it. [Students from Step 1 must be listed in this section.](#) Report gross income in whole dollars only. If household member does not have income to report indicate by entering a "0". If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

TOTAL Number of Household Members: _____	Earnings from work	Weekly				Annual Income	Welfare, child support, alimony	Social Security SSI, VA, retirement benefits				All other income Ex. Un-Employment 2 <sup>nd</sup> Job	Other						
		Weekly	Every 2 Weeks	Twice Monthly	Monthly			Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly			
(Example) Daisy Mae Jones	\$30,000				X	\$150		X			\$0								
	\$					\$					\$								
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**STEP 4 Contact information and adult signature**

Signature and Social Security Number – 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.

**SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING FORM:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last 4 Digits of Social Security Number (SSN):** \_\_\_\_\_ **Check Box if No SSN:**

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Check box if you want school officials to share information from my free or reduced price meal application with Medicaid or Florida KidCare.

**Eligibility:** Free Reduced Paid Total Income: \_\_\_\_\_ W B T M A **Categoric Eligibility:** SNAP/TANF/FDPIR **Verification Results:** Change / No Change **Application #** \_\_\_\_\_  
**Household Size:** \_\_\_\_\_ **Other Source:** H M R F **New Status:** Free Reduced Paid

**Signature of Determining Official/Date:** \_\_\_\_\_ **Verification Official Signature/Date:** \_\_\_\_\_

FEDERAL ELIGIBILITY INCOME CHART			
For School Year 2019-2020			
Household size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,269	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	+8,177	+784	+158
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12			

**Optional:** You are not required to answer this question. Please indicate racial/ethnic information: Hispanic/Latino  Not Hispanic/Latino  Black or African American  White  Native Hawaiian or other Pacific Islander  American Indian/Alaskan Native  Asian  Other

Many children who are eligible for meals through the National School Lunch and Breakfast Program may also be eligible for free or low cost health care coverage through Medicaid/Florida KidCare. If you are interested in more information on Florida KidCare or would like assistance with applying for the program, please call 1-888-540-5437. You can also apply on-line at <https://www.healthykids.org/apply>.

Dear Parent/Guardian:

The Alachua County Public Schools serves nutritious meals each school day. Students may buy breakfast and/or lunch in all schools at prevailing prices. Students who are eligible can receive meals free or at a reduced price. All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, schools may make substitutions prescribed by a doctor at no extra charge. Please note, however, that the school is not required to make substitution for a food allergy, unless it meets the definition of a disability. If you believe your child needs substitutions because of a handicap, please contact us for further information at 955-7539 ext. 1562. For questions or assistance with the application please call 955-7539 ext. 1569. Applications for free & reduced price meals MUST contain complete eligibility information before an application can be processed.

**How do I receive Free or Reduced Price Meals for my child?** Complete the Family Application for Free and Reduced Price School Meals on the back of this letter unless student is enrolled at a CEP site. Households must submit a new application at the beginning of each school year. **List all school children in your household on one application and return to your child's school.** Meal eligibility benefits are good for the entire school year.

**Households who receive FL SNAP, TANF, or FDIPIR benefits:** List all students in Step 1. List the name of household member receiving benefits and the case number. Skip to Step 4.

The last four digits of a social security number are not necessary but a signature in STEP 4 is required. Free meal benefits will be extended to all students in the household when a current case number is listed for any household member.

**Households with a foster child?** Any foster child (a legal responsibility of a welfare agency or court) in the household is eligible for free meals regardless of income. If applying for meal benefits for a foster child, you must write the child's name in **STEP 1**, print your name, and sign the application. The last four digits of a social security number are not necessary but a signature in **STEP 4** is required. You can include foster children and non-foster children on the same family application, but you will need to complete step 2 or step 3, and step 4.

**Households that receive WIC:** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application. You must write the child's name, the names of all household members, and the amount of income each person receives, how often and where it originated from. Also include the signature of an adult household member and that adult's last four digit social security numbers or check the box indicating no SSN if the adult does not have a social security number. Please remember that income is **ANY** money received in the household.

**Households that do not receive SNAP/TANF/FDIPIR and NON-Foster, homeless, or migrant children:** You must write the child's name, the names of all household members, and the amount of income each person receives & how often and where it originated from. Also include the signature of an adult household member and that adult's last four digit social security numbers or the word "NONE" if the adult does not have a social security number. Please remember that income is **ANY** money received in the household.

**Can homeless, migrant and runaway children get free meals?** Yes, please call (352) 955-6855 for migrant and (352)955-7070 for homeless and runaway department to see if your child(ren) qualify, if you have not been informed that they will receive free meals.

**Will the form be verified?** Yes, your child's eligibility may be checked at any time during the school year. School officials may ask you to provide documents showing that your child is eligible for free or reduced price meals.

**Can I appeal the decision?** Yes, you may talk with a school official if you do not agree with the decision on your application or the results of verification. You may also ask for a Fair Hearing. You may do this by calling or writing: Maria Eunice, Director of Food & Nutrition Services, 3700 N.E. 53<sup>rd</sup> Avenue #B, Gainesville, FL 32609. PHONE: (352) 955-7537

**Will the information on my form be kept confidential?** Yes, school officials use the information on the application to decide if your child should receive free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

**Can I apply for free and reduced price meals later?** Yes, you may apply 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 receive SNAP or TANF for your child, you may complete a new application.

**Households with service members:** For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application forms. Report only that portion of the deployed service member's income made available by them or on their behalf to the family. A housing allowance that is part of the Military Housing Privatization Initiative is NOT to be included as income.

This explains how we must 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) 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."

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).