


Dear Parent/Guardian:

Children need healthy meals to learn. The Ferndale School District offers healthy meals every school day. For the school year 2008-2009 the cost of meals is listed below

	Breakfast	Lunch
Elementary	\$1.25	\$2.50
Middle/High School	\$1.50	\$3.00
Approved Free	No Charge	No Charge
Approved Reduced	No Charge K -- 12	K—3 rd FREE
		4 th —12 th = \$.40
This year children who are eligible for reduced lunch in grades K-3 will receive free lunch. All other grades will pay \$.40.		

PLEASE NOTE: It can take up to 10 days for your application to be processed. **Please provide your child a lunch or money to purchase food each day during the application process.**



You will receive written notification in the mail.
If you have not received notification within 10 working days please call
360/383-9340

To determine if your child(ren) are eligible please read the instructions outlined below

- 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 either your child's school or send to the Ferndale High School Food Service Department, Post Office Box 698, Ferndale, WA 98248.**
- 2. Who can get free meals?** Children in households getting Basic Food, TANF, or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free 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 and request information from the following services: **Homeless/runaway** 360/383-9221 or 360/383-9212, **Migrant Children** 360/383-9210 or 383-9425
- 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 the back of this notice.
- 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 **360/383-9340** if you have questions. A new application **MUST** be completed for each school year.
- 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 Basic Food, TANF 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: **Diane Beaman, Director of Classified Employees, 6041 Vista Drive, P.O. Box 698, Ferndale, WA 98248. 360/383-9200.**
- 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) who share living expenses. 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 other questions or need help, call **360/383-9340**
Si necesita ayuda, por favor llame al teléfono: 360/383-9340
Si vous voudriez d'aide, contactez nous au numero: 360/383-9340

Sincerely,

Alex Singer, Director Food Services

INSTRUCTIONS FOR APPLYING FOR FREE AND/OR REDUCED PRICE MEALS AND OTHER BENEFITS

If your household gets BASIC FOOD or TANF, follow these instructions:

- Part 1:** List child(ren)'s name, DOB, school, grade, and Basic Food or TANF case number.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the OSPI Core Student Record Database. Upon receipt of this information OSPI will match student names against the DSHS file and make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the USDA Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

If you are applying for Migrant, Homeless or Runaway:

Check the appropriate box and contact your school and the homeless liaison, migrant coordinator for the Ferndale School District. Fill out 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:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

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

- Part 1:** List each child's name, DOB, school, and grade.
Children not attending school in the Ferndale School district should be listed as a family members.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** 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 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 boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (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 5:** 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 6:** Answer this question if you choose to.

Changes in household circumstances: Because of year-long duration of eligibility households are no longer required to report changes in income or household size. However families may voluntarily report changes. If a change is reported that will be a change in benefits (whether an increase or decrease) the change will go into effect upon approval.

Income Guidelines for 2008-2009 Households with incomes at or below the limits listed below are eligible for either free or reduced price meals.

Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Ea. Added Person	6,660	555	129

Count all household members when referring to this chart. Refer to **All Other Households, Part 4** to determine who is listed in your household. Be sure to complete form completely.

Monthly Income Conversion:

- Weekly Income x 52
- Biweekly Income (every 2 weeks) x 26
- Semimonthly Income (twice a month) X 24

IT TAKES UP TO **TEN (10) DAYS** TO PROCESS AN APPLICATION FOR YOUR CHILD. **Please provide a lunch or money to purchase a lunch for your child during the application process.**



You will be notified in writing when your child(ren)'s application has been approved. If you have not received notification within ten (10) days please call the

Food Service Department at 360/383-9340

Monday – Friday 9 a.m. to 2 p.m. If the lines are busy please leave a message and someone will return your call. Be sure to leave a number where you can be reached.

Please review before turning in. Enter all required information, sign and date.

APPLICATION MUST BE COMPLETE TO BE CONSIDERED.

**FERNDALE SCHOOL DISTRICT, 502 – 2008-2009
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

Use one application per household. Applicant fill in areas marked in yellow

Part 1. Children in School (Use a separate application for each foster child) If Child attends Lummi show as a family member

First Name	Initial	Last Name	Date of Birth	School	Grade	If you receive TANF, Basic Food or FDPIR Number, list the case number and which benefit you are receiving:

Part 2 – The child you are applying for is either homeless/runaway or migrant.
 MIGRANT Call 360/383-9210 or 360/383-9425
 HOMELESS/RUNAWAY Call 360/383-9221

Part 3 – FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use income and skip to Part 5.
 Foster Child \$ _____ personal use income

Do not complete this section if you listed a case number for TANF, Basic Food or FDPIR in Part 1. List the names of everyone living in your household. Write the amount of income (amount earned before deductions) each person now gets and how often it is received on the same line as his/her name. Write the income under the same column as where it comes from, such as earnings, welfare, pension, or other. You must list how often income is received (weekly, every two weeks, twice a month, monthly). Do not include foster children.

Part 4 – List all family members including students from Part 1 in the spaces below:	Gross Earnings from Work	Payments from Welfare, child support, alimony	Payments from Pension, retirement, Social Security	All Other Income	Check if NO income
Example: Jane Smith	List how much & how often: \$100/week; \$100/every two weeks; twice a month; monthly; or none				

Part 5. Signature and Social Security Number (Adult must sign) An adult household member must sign the application. If Part 4 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.)

OPTIONAL Children's racial and ethnic identities.
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 Asian
 Caucasian
 Ethnic Identity: Please mark only one ethnic identity:
 Hispanic or Latino Origin
 Non-Hispanic or Latino Origin

PART 6: Optional and does not change whether your children get free or reduced price meals. By signing below, I am giving school officials permission to use the information provided on this application to determine if my children are eligible for reduced fees for ONLY the programs I have check YES below:
 YES Reduced education Fees **YES** Summer school benefits
 YES After-school programs **YES** Athletic programs
 YES Scholarships (Must specify name) _____
 Sign: _____ Date: _____

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: _____ Print Name: _____ Date: _____

Street Address/City/Zip Code: _____

Telephone: () _____ Alternate Telephones () _____ () _____

Social Security number: _____ -- _____ -- _____ **I DO NOT** have a social security number

Optional: E-mail address: May we contact you via email? Yes No _____

Don't fill out this part. This is for school use only.			Application was received:		
Total Household Income as approved	\$ _____	House Hold Size _____	Application approved for: <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED	<input type="checkbox"/> INCOME for household <input type="checkbox"/> Basic Food, TANF/FDPIR <input type="checkbox"/> Temporary FREE, Zero Income Date Temp Expires: _____	<input type="checkbox"/> Foster <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless or Runaway
Application has Been denied	<input type="checkbox"/> Income over allowed amount	<input type="checkbox"/> Incomplete missing info			

Determining Officials Signature: _____ Date _____ Letter sent to household Yes No Date: _____

Confirming Official's Signature: _____ Date _____ Citrix updated Yes

FEDERAL INCOME CHART
For School Year **2008-2009**

Income Guidelines for 2008-2009 Households with incomes at or below the limits listed below are eligible for either free or reduced price meals.

Household size	Yearly	Monthly	Weekly	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, 1400 Independence Avenue, SW Washington DC 20250-9410 or call 1-800-795-3272 or (202) 720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.
1	19,240	1,604	370	
2	25,900	2,159	499	
3	32,560	2,714	627	
4	39,220	3,269	755	
5	45,880	3,824	883	
6	52,540	4,379	1,011	
7	59,200	4,934	1,139	
8	65,860	5,489	1,267	
Each additional person	6,660	555	129	

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 Basic Food Program, 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.

VERIFICATION: Verification procedures must not delay approval of application

Date Selected for Verification	<input type="checkbox"/> Not Confirmed	<input type="checkbox"/> Confirmed	
Response Due from Household			
Second Notice Sent			
	<input type="checkbox"/> Basic Food/TANF Office	<input type="checkbox"/> Notice of Eligibility	
Monthly Income	Comments	Results	Reason for Eligibility Change
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other	Reduced-Price to Paid		
Date of Change	Date Adverse Notice Sent		
Signature of Verifying Official		Date	

Family contact log:

Date Reason for Contact

Date	Reason for Contact



PART 6: Optional

Dear Parent/Guardian:

Yes! I DO need free health insurance for my children. Please check this box, fill in child's name and sign below if you are interested in being contacted about free or low-cost health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more.

Please **do not** check the box or fill out this page if you already receive Medicaid and get a monthly DSHS green and white card (coupon). For more information call 1-877-715-6594

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address _____

Phone Number _____