

LETTER TO HOUSEHOLD SCHOOL YEAR 2015

Dear Parent/Guardian:

Children need healthy meals to learn. Navajo Public Schools offers healthy meals every school day. Lunch costs \$ 1.75 for PK – 6th and \$2.00 for 7th – 12th. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$ 0.40 for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use the 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: Navajo Public School
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from (SNAP), (the Food Distribution Program on Indian Reservations [FDPIR]), can get free meals regardless of your income. Also your children can get free meals if your household's gross income is within the free limits on the Federal Income-Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, *do not* complete the application but *DO* let the school know if any children in your household are not listed on the *Notice of Direct Certification* letter you received.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
4. CAN HOMELESS, RUNAWAY, MIGRANT, AND HEAD START CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, migrant, or are enrolled in a federal Head Start program are eligible for free meals. If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail Danielle Tucker, Counselor at 580-482-7742 or 1-888-302-9047.
5. WHO CAN GET REDUCED-PRICE MEALS? Your children can get reduced-price meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the school at 580-482-7742 or 1-888-302-9047 if you have questions.
7. 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.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please send in an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.
10. IF I DO NOT 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 or reduced-price meals if the household income drops below the income limit.

11. 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: Vicki Nance, Superintendent-15695 S. CR. 210 -Altus, OK. 73521.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. 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 income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally 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 make \$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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for (SNAP benefits) or other assistance benefits, contact your local assistance office or call (405-521-2937).

If you have any other questions or need help, call 580-482-7742 or 1-888-302-9047.

Sincerely,


Gayel Roach

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM (SNAP), (TANF), OR (FDPIR), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List *ONLY* household members and the name of each child's school (if known).
- Part 2:** List the case number for any household member (including adults) receiving (SNAP), (TANF), or (FDPIR) benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose.

Turn the form in to Karina Tison at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS (SNAP), (TANF), OR (FDPIR) BENEFITS, AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, runaway, or in Head Start, check the appropriate box and call _____.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary if you did not need to fill in Part 3.
- Part 5:** Answer this question if you choose.

Turn the form in to Karina Tison at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If ALL children in the household are foster children:

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose.

Turn the form in to Karina Tison at your school.

If SOME of the children in the household are foster children:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the *No Income* box. Check the box for each foster child. If any child you are applying for is homeless, migrant, runaway, or in Head Start, check the appropriate box. If you have any questions, call Danielle Tucker, Counselor at 580-482-7742.
- Part 2:** Skip this part.
- Part 3:** Complete only if a child in your household is not eligible under Part 1. See instructions for All Other Households.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number (or mark the box if he/she does not have one).
- Part 5:** Answer this question if you choose.

Turn the form in to Karina Tison at your school.

LETTER TO HOUSEHOLD

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the *No Income* box. If any child you are applying for is homeless, migrant, a runaway, in Head Start, or a foster child, check the appropriate box and call Danielle Tucker, Counselor
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Section 1—Name:** List all household members with income.
 - **Section 2**
 - **Gross Income and How Often It Was Received:** For each household member listed in Section 1, list each type of income received for the month. You must tell us how often the money is received—*weekly, every other week, twice a month, or monthly.*
 - **Earnings:** Be sure to list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
 - **Income Received From Welfare, Child Support, and Alimony:** List the amount each person received.
 - **Income Received From Retirement Benefits, Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA Benefits), and Disability Benefits:** List the amount each person received.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, federal education, and foster payments received by the family from the placing agency. For *ONLY* the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose.

Turn the form in to Karina Tison at your school.

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

Oklahoma State Department of Education Eligibility Documentation Section, July 2014

PART 1: ALL HOUSEHOLD MEMBERS

Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Name of Each Child's School /Or Indicate <i>NA</i> If Child Is Not in School	Place a check in the box below if child is a foster,homeless, migrant, runaway, or Head Start child. If each child attending school is a foster child, homeless, runaway, migrant, or in Head Start, skip to Part 5 to sign this form.					Place a check in the box if <i>NO</i> income
		Foster	Homeless	Migrant	Runaway	Head Start	
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

PART 2: BENEFITS

If any member of your household receives (SNAP), (TANF), or (FDPIR) assistance, provide the name and case number for the person who receives benefits and skip to **PART 5**.
If no one receives these benefits, skip to **PART 3**.

Name: _____ Program Name: _____
Case Number (Not EBT Card Number): _____

PART 3: TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. Name (List <i>ONLY</i> Household Members With Income)	2. Gross Income and How Often It Was Received																			
	Earnings From Work Before Deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, Retirement Benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (Such as Unemployment Benefits)	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>Example: Jane Smith</i>	\$200	X				\$150		X			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

PART 4: SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his/her social security number or mark the *I do not have a social security number* box.** (See statement on the back of the 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. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed Name: _____

Date: _____

Address: _____ Phone Number: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *-*-*-____ I do not have a social security number

PART 5: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL 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: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn _____

Reason for Denial or Withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

FEDERAL ELIGIBILITY INCOME CHART for School Year 2015

Household Size	Yearly	Monthly	Weekly
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
Each additional person:	7,511	626	145

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

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), 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 United States 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 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 USDA. (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>, 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, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <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 (Spanish).

USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or SoonerCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and SoonerCare that your children are eligible for free and reduced-price school meals unless you tell us not to.* Medicaid and SoonerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SoonerCare, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or SoonerCare.

If you checked *No*, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call your child's school.
