

**Georgetown County School District**  
 J.B. Beck Administration and Education Center  
 2018 Church Street • Georgetown, SC 29440 • (843) 436-7000



July 1, 2011

Dear Parent/Guardian:

Children need healthy meals to learn. The Georgetown County School District offers healthy meals every school day. Breakfast costs \$ 1.10; lunch costs \$ 1.65 (elementary) and \$1.75 (middle/high). Your child(ren) may qualify for free or reduced price meals. Reduced price is \$ .30 for breakfast and \$ .40 for lunch.

**FEDERAL INCOME CHART**

Effective from July 1, 2011 to June 30, 2012

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
(1)	\$20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
(2)	27,214	2,268	1,134	1,047	524
(3)	34,281	2,857	1,429	1,319	660
(4)	41,348	3,446	1,723	1,591	796
(5)	48,415	4,035	2,018	1,863	932
(6)	55,482	4,624	2,312	2,134	1,067
(7)	62,549	5,213	2,607	2,406	1,203
(8)	69,616	5,802	2,901	2,678	1,339
Each additional person	+7067	+589	+295	+272	+136

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

- Do I need to fill out an application for each child?** No. Complete 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 your child's school as soon as possible or mail to: **Jan Knox, Georgetown County School District, 2018 Church Street, Georgetown, SC 29440.**
- Who can get funds?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free priced meals if your household income is within the free limits on the Federal Income Guidelines.
- Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- Can homeless, runaway and migrant children get free meals?** Please call 436-7000 and ask for the homeless liaison or migrant coordinator, to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 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.
- 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 received carefully and follow the instructions. Call the food service office (436-7078) if you have questions.
- My child's application was approved last year. Do I need to fill out another meal application?** Yes. You must send in a new application unless you received a letter telling you that your child is eligible for free meals for the new school year.
- I get WIC. Can my child(ren) get free meals?** Children in household participating in WIC may be eligible for free or reduced price meals. Please fill out application.
- Will the information I give be checked?** Yes, we may ask you to send written proof.
- 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 Food Stamps, TANF or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
- What if I disagree with the school's decision about my application?** You should talk to food service officials. You also may ask for a hearing by calling or writing to: **H. Randall Dozier, Ph.D., Superintendent, 2018 Church Street, Georgetown, SC 29440.**
- 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.
- 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.
- 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.

15. **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.
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 basic pay because of deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact the school district food service office for more information.
17. **My family needs more help. Are there other programs available?** To find out how to apply for SNAP or other assistance benefits contact your local assistance office.

If you have other questions or need help, call 436-7078. *Si necesita ayuda, or favor llame al teléfono: 436-7078.*

Sincerely,



H. Randall Dozier, Ph.D., Superintendent

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**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 last four of the social security number of the adult household member who signs the application. The last four of the social security number is not required when you apply on behalf of a foster child or you list SNAP or the 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.

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**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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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

## FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

### PART 1. ALL HOUSEHOLD MEMBERS

(A.) Names of <u>all</u> household members.  (First, Middle Initial, Last)	(B.) Name of school for each child/or indicate "NA" if child is not in school:	(C.) • Check if a foster child (legal responsibility of welfare agency or court)  * If all children listed below are foster children, skip to Part 5 to sign this form.	(D.) Check if NO income
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. If any member of your household receives SNAP or TANF, 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 4.**

NAME: \_\_\_\_\_ CASE NUMBER: | | | | | | | | | |

**PART 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, migrant coordinator at phone number 436-7000. HOMELESS  MIGRANT  RUNAWAY**

### PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME.)	2. LIST INCOME. CIRCLE HOW OFTEN IT IS RECEIVED: (A - ANNUALLY M - MONTHLY BM - BI-MONTHLY W - WEEKLY BW - BI-WEEKLY)			
	EARNINGS FROM WORK BEFORE DEDUCTIONS	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
1.	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____
2.	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____
3.	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____
4.	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____
5.	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____	A M BM W BW \$ _____

### PART 5. 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 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 the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program and Medicaid agencies as part of the state's participation in Medicaid Verification. 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: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \* \* \* - \* \* \*  I do not have a Social Security Number

### PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander

### 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: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."  
 (Revised 20110523)

## INSTRUCTIONS FOR APPLYING

(C)

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP AND/OR TANF, FOLLOW THESE INSTRUCTIONS:

**Part 1:** (A) List all household members and (B) the name of school for each child. A household member is any child or adult living with you. (C) Check box for each Foster Child. **Part 2** List the case number for any household member (including adults) receiving SNAP AND/OR TANF Benefits. **Part 3 and 4:** Skip this part. **Part 5:** Sign the form. **Part 6:** Answer this question, if you choose.

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

**Part 1:** (A) List all household members and the name of the school for each child. (B). Skip part (C) and Part 2. **Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, migrant coordinator. **Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households. **Part 5:** Sign the form. List only the last four digits of a Social Security Number. **Part 6:** Answer this question, if you choose.

### 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 name of the school for each child. Check the box (C) indicating the child is a foster child. **Part 2, 3 & 4:** Skip this part. **Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary. **Part 6:** Answer this question, if you choose.

If **some** of the children in the household are foster children:

**Part 1:** (A) List all household members and (B) the name of the school for each child. For any person, including children, with no income, you must (D) check the "No Income" box. Check the box if (C) the child is a foster child. **Part 2:** List the case number for any household member (including adults) receiving SNAP AND/OR TANF Benefits. **Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator. If not, skip this part. **Part 4:** Follow these instructions to report total household income from this month or last month.

**Box 1 –Name:** List all household members with income.

**Box 2 –Gross Income and How Often It Was Received:** For each household member, 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. For 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. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Workers' Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses 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 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she/he doesn't have a social security number). **Part 6:** Answer this question, if you choose.

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

**Part 1:** (A) List all household members and (B) the name of the school for each child. For any person, including children, with no income, you must check (D) the "No Income" box. **Part 2:** List the case number for any household member (including adults) receiving SNAP AND/OR TANF Benefits. **Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, migrant coordinator. If not, skip this part. **Part 4:** Follow these instructions to report total household income from this month or last month.

**Box 1–Name:** List all household members with income.

**Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week (bi-weekly), twice a month (bi-monthly) or monthly. For 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. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and disability benefits. Under *All Other Income*, list Workers' Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses 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 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she/he doesn't have one). **Part 6:** Answer this question, if you choose.

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