

2011-2012 Letter to Households

National School Lunch Program/School Breakfast Program



Evergreen Public Schools

Dear Parent/Guardian:

The Crestline Elementary School will serve breakfast each school day at no charge. In order for us to get federal funds for these meals, we must have an application for any child eligible for free or reduced-price meals. In addition, this letter provides information on Basic Food and free/low-cost health insurance.

WHO SHOULD FILL OUT AN APPLICATION?

Fill out the application if:

- total household income is the SAME or LESS than the amount on the chart
- you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- you are applying for a foster child

Turn in the application to your youngest child's school. Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?

Look at the income chart below*. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

NEW THIS YEAR: Foster children are eligible for free and reduced-price meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at your child's school.

| 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 |
| For each additional member add: | +7,067 | +589 | +295 | +272 | +136 |

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. IF applying household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payment income.

WHAT MUST BE ON THE APPLICATION?

A. For households not getting any assistance:

- Student's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number)

Complete Parts 1, 2, 3, and 4. Part 5 is optional.

B. For a household with only a foster child(ren):

- Student's name
- Adult household member's signature

Complete Part 1 and 4. Part 5 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

C. For household with a foster child(ren) and other children:

- Apply as a household and include foster children. Follow the directions for **A.** Households not getting assistance and include the foster child's personal use income.

D. For a family getting Basic Food/TANF/FDPIR:

- List all student names and case number where appropriate.
- If the student is not the one with a case number, enter the household member's name and their case number.

Complete Part 1 and 4. Part 5 is optional.

NEW THIS YEAR: FOSTER CHILDREN NOW ELIGIBLE FOR FREE MEALS

With the proper documentation, foster children are now eligible for free school meals. If applying for a foster child(ren) only, proper documentation means you may fill out the attached application for free meals or you may send a copy of the court paperwork showing the child is a ward of the state and has been placed in your home. If you are also applying for your own children, you will fill out a free and reduced-price meals application and include all members in the household. If the foster child has any personal income, be sure to indicate this in the appropriate spot on the application form. It is important to realize that although the foster child will be categorically eligible for free meals, the other students in your household may be eligible for free or reduced-price meals or may not qualify for meal benefits at all based on household size and income.

DON'T MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. TANF and Basic Food staff at the Department of Social and Health Services (DSHS) sends a list of children on these programs to the Office of Superintendent of Public Instruction (OSPI). OSPI matches the children on this list to our list of enrolled students that your child's school has reported to us. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and aren't.

If you do not want your child to participate in the free meal programs using this method, please notify the school.

IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. If someone else in the household has a case number, other than a student or a foster child, you must fill out an applicant and sent it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to http://www.foodhelp.wa.gov/basic_food.htm.

APPLE HEALTH FOR KIDS (FREE OR LOW-COST HEALTH INSURANCE)

If you would like information about Apple Health for Kid's free or low-cost health insurance for your children, please call to request an application at toll free 1-877-543-7669 or fill out and print an application online at: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Apple Health for Kids may include health coverage for doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Even if your child has other health insurance, they may still be eligible for help with the monthly premium, co-pays or deductibles.

WHAT IF MY CHILD NEEDS SPECIAL FOODS?

All meals served meet the federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge if your child's doctor fills out the necessary paperwork. If your child needs this assistance, please contact us.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with **Mike Merlino**, Chief Operating Officer, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number **(360) 604-4020**.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

NONDISCRIMINATION

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.

If you believe you have been treated unfairly, you may file a complaint of discrimination by writing, 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.

ANNUAL NOTIFICATION TO PARENTS AND STUDENTS

Parents and students in Evergreen Public Schools are hereby notified of the existence of the following district policies and administrative procedures and their rights therein.

STUDENT RIGHTS AND RESPONSIBILITIES #3200

Students attending Evergreen Public Schools are entitled to substantive and procedural due process rights, but are responsible for conduct which violates the reasonable regulations established by school district policy and by individual schools. Violation of such regulations shall constitute sufficient cause for discipline, suspension, or expulsion.

Misconduct or acts which disrupt the educational process, bring harm to others and violate the law, are prohibited and listed as district regulations by Policy and Administrative Procedures #3200.

STUDENT RECORDS #3600

In order to protect the privacy of parents and students and to comply with the Family Education Rights and Privacy Act of 1974, Evergreen Public Schools designates the following categories of personally identifiable information from student records as **directory information**: Student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and numbers of athletic teams, date of attendance, degrees and awards received, and the most recent previous educational institution or agency attended by the student.

It is the right of the parent or guardian of a student, or of any student who has attained the age of 18, to refuse to permit the designation of any or all of the above categories as directory information. Any such student or parent must notify the school district in writing of such refusal within ten (10) days following publication of this notice, or not later than ten (10) days following the enrollment of a student in the Evergreen Public Schools. Such written notice should be addressed to:

Mr. Roland Brosius
Director of Personnel
13501 N.E. 28th Street
PO Box 8910
Vancouver, WA 98668-8910

District Policy and Administrative Procedures #3600, as required by the Privacy Act, also allows access to student academic, supplemental, and special education records by students and/or parent or guardian and establishes the procedures by which grievances may be resolved as a result of parent and/or student disagreement with the content of a student's records.

EQUAL EDUCATIONAL OPPORTUNITIES AND NONDISCRIMINATION #3210

The Evergreen Public Schools complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, or disability. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer and/or Section 504 Coordinator.

Sex Discrimination in Recreational and Athletic Activities

Title IX/RCW 28A.640 Officer:
Mr. Roland Brosius
Director of Personnel
13501 N.E. 28th Street
PO Box 8910
Vancouver, WA 98668-8910

Telephone: (360) 604-4010

Handicapped and Special Education Students

Section 504 Coordinator: Mr. Steve Getsinger
Manager, Student Support Services
13501 N.E. 28th Street
PO Box 8910
Vancouver, WA 98668-8910

Telephone: (360) 604-4078

Discrimination Because of Race, Sex, Creed, Marital Status, Color, National Origin

Mr. Roland Brosius
Director of Personnel
13501 N.E. 28th Street
PO Box 8910
Vancouver, WA 98668-8910

Telephone: (360) 604-4010

AVAILABILITY OF POLICIES AND PROCEDURES

Copies of the foregoing policies and procedures are available for reading in each school library, in the office of each building principal, or at the district's administrative offices, located at 13501 N.E. 28th Street, Vancouver, WA. Information about these or other policies may be obtained by calling (360) 604-4005.

Fill out only one meal application per household.
Take or send the meal application to your youngest Child's school.

Ispunite samo jedan zahtjev za obrok, po domaćinstvu.
Uzmite ili pošaljite zahtev, za obrok, u školu Vašeg najmlađeg dijetea.

한 가족에 한가지 식단 신청서에만 기입해 주십시오.
식단 신청서를 가져가시거나 귀하 막내자녀의 학교로 보내십시오.

Vă rugăm să completați câte o aplicație pentru mesele copilului – pe familie.
Luați și trimiteți aplicația pentru mese, la școala copilului cel mai tânăr.

На школьные обеды заполните только одну анкету на семью.
Отнесите или отправьте анкету на обеды в школу Вашего младшего ребенка.
Llene sólo una solicitud de alimentos por familia.
Lleve o envíe la solicitud a la escuela de su hijo(a) más pequeño(a).

На шкільні обіди заповніть тільки одну заяву на сім'ю.
Віднесить або відішліть заяву на шкільні обіди до школи Вашої наймолодшої дитини.

Mỗi gia hộ chỉ điền một mẫu đơn cho bữa ăn.
Xin mang hay gửi cái mẫu đơn cho bữa ăn này đến trường học của con út của quý vị.

សូមបំពេញក្រដាសដាក់ពាក្យសុំអាហារតែមួយ សំរាប់ក្រុមគ្រួសារមួយ ។
យកមកឲ្យ
ឬផ្ញើក្រដាសដាក់ពាក្យសុំអាហារ ទៅសាលារៀននៃកូនរបស់អ្នកដែលក្មេងជាងគេបំផុត ។

Check here if you received meal benefits last year.

EVERGREEN PUBLIC SCHOOLS 2011–2012 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

Complete, sign and return this application to your youngest child's school.

1. List all students living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to **Section 4**. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to **Section 2**.

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school. Homeless Migrant Runaway

| Student's Last Name | Student's First Name | MI | Foster Child | Date of Birth | School | Grade | Student Income | Weekly | Every 2 Weeks | Twice a Month | Monthly | No Income | Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number. |
|---------------------|----------------------|----|--------------|---------------|--------|-------|----------------|--------|---------------|---------------|---------|-----------|--|
| | | | | | | | \$ | | | | | | <input type="checkbox"/> Yes-Case # _____ |
| | | | | | | | \$ | | | | | | <input type="checkbox"/> Yes-Case # _____ |
| | | | | | | | \$ | | | | | | <input type="checkbox"/> Yes-Case # _____ |
| | | | | | | | \$ | | | | | | <input type="checkbox"/> Yes-Case # _____ |
| | | | | | | | \$ | | | | | | <input type="checkbox"/> Yes-Case # _____ |

2. List the names of all other household members - Enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren), you must proceed to Section 3.

| Names of ALL other household members (do not include names of students listed above) | Foster Child | No Income | Earnings from work (before any deductions) | Child Support, Alimony | | | | Pensions, Retirement, Social Security (SSI) | | | | Any Other Income Not Already Listed | Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number. | | | | | |
|--|--------------|-----------|--|------------------------|---------------|---------------|---------|---|---------------|---------------|---------|-------------------------------------|--|---------------|---------------|---------|--|--|
| | | | | Weekly | Every 2 Weeks | Twice a Month | Monthly | Weekly | Every 2 Weeks | Twice a Month | Monthly | | Weekly | Every 2 Weeks | Twice a Month | Monthly | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

3. Total Household Members (include all people living in your household): _____

4. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

| | | |
|---|---------------------|--------------------------|
| _____ Printed Name of Adult Household Member | | |
| _____ Mailing Address | | _____ Street Address |
| _____ City & Zip Code | _____ Home Phone | _____ Work/Cell Phone |

| | |
|---|---------------|
| Last 4 digits of your social security number: _____ OR, if you do not have a social security number, check the box: <input type="checkbox"/> | |
| _____ Adult Household Member Signature | _____ Date |
| _____ Email Address | |

5. Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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 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 (Basic Food), 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.

**SCHOOL USE ONLY
DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12. Do NOT convert to annual income unless household reports multiple pay frequencies.

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child (categorically free)
- Total Household Size _____
- Total Household Income \$ _____
- Income Approved by (check one): weekly every two weeks twice a month monthly annual

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals
- Reduced-Price

Date Temporary Approval Expires: _____

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

Date Notice Sent

Signature of Approving Official

Date