

LETTER TO HOUSEHOLDS

National School Lunch Program/School Breakfast Program

Dear Parent/Guardian:

The Owensboro Catholic Schools/District takes part in the National School Lunch Program/National School Breakfast Program. Meals are served every school day. Children may buy lunch for \$2.00 and breakfast for \$1.25 . Meals are also available free or at a reduced price of \$0.40 for lunch and \$0.30 for breakfast.

*If you now get Food Stamps or Kentucky Transitional Assistance (K-TAP) for your child, your child can get free lunch/breakfast.

*If your total household income is at or below the amounts on the Income Chart, your child may get free or reduced price lunch/breakfast.

*If you have a foster child, that child may be eligible for benefits regardless of your income.

*Migrant students, Homeless students, and students from WIC households may be eligible for free meals.

*Military housing allowance, if a part of the Military Housing Privatization Initiative, is not to be included as a part of your housing allowance income.

INCOME CHART FOR FREE/REDUCED PRICE MEALS (Effective from July 1, 2008 to June 30, 2009)

| Household Size | Annual | Month | Week |
|---------------------------------------|--------|-------|-------|
| 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 |
| For each additional family member add | +6,660 | +555 | +129 |

HOW TO APPLY

To get free/reduced price meals for your child, carefully complete the application and return it to the school. If you now get food stamps or K-TAP for your child, the application must have the child's name, your food stamp or K-TAP case number and the signature of an adult household member. If you do not list a food stamp or K-TAP case number, the application must have the names of everyone in the household, the amount of monthly income each household member now gets, where it comes from, the Social Security number of the household member who signs the application or the word "none" if the member does not have a Social Security number. An application that is not complete cannot be approved.

OTHER INFORMATION

***VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free or reduced price meals.

***FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

NAME: _____ PHONE: _____

ADDRESS: _____

***CONFIDENTIALITY:** The information that you give will be used to determine eligibility for free or reduced price meals and may be used to determine eligibility for **Health Insurance** under Medicaid or the Children's Health Insurance Program (CHIP). If you are interested in receiving ***Health Insurance may be shared** for your child under Medicaid or K-CHIP check "**NO**" in **Part 4** and sign the name of a parent/guardian if you do not want this information shared.

***REAPPLICATION:** You may apply for free or reduced price meals at 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 get food stamps or K-TAP for your child, fill out an application at that time.

*"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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

You will be notified when the application is approved or denied.

Sincerely,

Report any of this income that you received last month.

Gross Income From Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workers' compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony payments
Child support payments

Pensions/Retirement/Social Security

Pensions
Retirement income
Social Security
Veteran payments
Supplemental security income

Other Income

Earnings from second job
Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Royalties/annuities/rental income
Any other monies that may be available to pay for child's meals

LETTER TO HOUSEHOLDS

Special Milk Program

Dear Parent/Guardian:

The Owensboro Catholic Schools/District takes part in the Special Milk Program. Milk is served every day. Children may buy milk for \$0.50. Milk is also available free.

*If you now get Food Stamps or Kentucky Transitional Assistance (K-TAP) for your child, your child can get free milk.

*If your total household income is at or below the amounts on the Income Chart, your child can get free milk.

*If you have a foster child, that child may be eligible for benefits regardless of your income.

*Migrant students, Homeless students, and students from WIC households may be eligible for free meals.

*Military housing allowance, if a part of the Military Housing Privatization Initiative, is not to be included as a part of your housing allowance income.

INCOME CHART

(Effective from July 1, 2008 to June 30, 2009)

| Household Size | Annual | Month | Week |
|---------------------------------------|--------|-------|------|
| 1 | 13,520 | 1,127 | 260 |
| 2 | 18,200 | 1,517 | 350 |
| 3 | 22,880 | 1,907 | 440 |
| 4 | 27,560 | 2,297 | 530 |
| 5 | 32,240 | 2,687 | 620 |
| 6 | 36,920 | 3,077 | 710 |
| 7 | 41,600 | 3,467 | 800 |
| 8 | 46,280 | 3,857 | 890 |
| For each additional family member add | +4,680 | +390 | +90 |

HOW TO APPLY

To get free milk for your child, carefully complete the application and return it to the school. If you now get food stamps or K-TAP for your child, the application must have the child's name, your food stamp or K-TAP case number and the signature of an adult household member. If you do not list a food stamp or K-TAP case number, the application must have the names of everyone in the household, the amount of monthly income each household member now gets, where it comes from, the Social Security number of the household member who signs the application or the word "none" if the member does not have a Social Security number. An application that is not complete cannot be approved.

OTHER INFORMATION

***VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free milk.

***FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

NAME: _____ PHONE: _____

ADDRESS: _____

***CONFIDENTIALITY:** The information that you give will be used to determine eligibility for free milk and may be used to determine eligibility for ***Health Insurance may be shared** for your child under Medicaid or K-CHIP check **"NO"** in **Part 4** and sign the name of a parent/guardian if you do not want this information shared.

***REAPPLICATION:** You may apply for free milk at 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 get food stamps or K-TAP for your child, fill out an application at that time.

*"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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

You will be notified when the application is approved or denied.

Sincerely,

Report any of this income that you received last month.

| <u>Gross Income From Work</u> | <u>Welfare/Child Support/</u> <u>Alimony</u> | <u>Pensions/Retirement/</u> <u>Social Security</u> | <u>Other Income</u> |
|--|---|---|--|
| Wages/salaries/tips | Public assistance payments | Pensions | Earnings from second job |
| Strike benefits | Welfare payments | Retirement income | Disability benefits |
| Unemployment compensation | Alimony payments | Social Security | Interest/dividends |
| Workers' compensation | Child support payments | Veteran payments | Cash withdrawn from savings |
| Net income from self-owned business or farm | | Supplemental security income | Income from estates/trusts/investments |
| | | | Regular contributions from persons not living in the household |
| | | | Royalties/annuities/rental income |
| | | | Any other monies that may be available to pay for child's meals |

APPLICATION INSTRUCTIONS for SCHOOL YEAR 2008-2009

To apply for free and reduced price meals/milk, complete the application using the instructions for your household. Sign the application and return the application to the school. Call _____ if you need help at # _____.

PART 1 STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

1. Print the name of the child you are applying for.
2. List the child's grade, school and teacher.

HOUSEHOLDS GETTING FOOD STAMPS OR K-TAP: COMPLETE THIS PART AND PART 3.

1. List a current food stamp or K-TAP case number for the child.
2. Sign the application in PART 3. An adult household member must sign. SKIP PART 2. Do not list names of household members or income if you list a food stamp or K-TAP case number for the child.

HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 3. A foster child is the legal responsibility of the welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "-0-" if the foster child does not get "personal use" income. SKIP PART 2. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the application in PART 3.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 2 ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member got last month, before taxes or anything else is taken out, and where it came from, such as income from work, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. An adult household member must sign the application and give his/her social security number in PART 3.

To figure monthly income: Weekly = X 4.33 Every 2 Weeks = X 2.15 Twice a Month = X 2

PART 3 SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp or K-TAP number for your child, or if you are applying for a foster child, a social security number is not needed.

PART 4 Medicaid or K-CHIP BENEFITS: Unless you tell us not to, we may share the information on this application with Medicaid and Kentucky Children's Health Insurance Program (K-CHIP) officials. They may use the information to determine if your child is eligible for Medicaid or K-CHIP benefits, such as health insurance, and may contact you with additional information. If you do not want us to share the information on this application with those officials for that limited purpose, check "No" and sign as the parent or guardian. You are not required to complete this part in order for your child to receive free or reduced price meals.

PART 5 RACIAL and ETHNIC IDENTITY: Complete the racial and ethnic identity part if you wish. **You are not required to complete this part to get free or reduced price meals.** We need this information to make sure that everyone is treated fairly.

INCOME TO REPORT**Gross Income From Work**

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workers' compensation
Net income from self-owned
business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Any other income

HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call _____

| Part 1 – Student Information | | | | | FOSTER CHILD INFO. ONLY | |
|--|------------------------|--------|------------------|---|-------------------------|-----------------------------|
| NAME OF CHILDREN ENROLLED (First Name, Last Name) | Social Security Number | GRAD E | SCHOOL ATTENDING | K-TAP or Food Stamp Case Number (If you receive both, list K-TAP Case Number) | Foster Child (X) | Child's Personal use Income |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

ALL OTHER HOUSEHOLDS

| NAME | GROSS MONTHLY INCOME BEFORE DEDUCTIONS If you did not write a Food Stamp or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application | | | |
|------|--|--|---------------------------------------|---------------------------|
| | Earnings from work (before deductions) | Welfare Payments, Child Support, Alimony | Pensions, Retirement, Social Security | All Other Income Received |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or K-TAP 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.

X _____ X _____
SIGNATURE OF ADULT HOUSEHOLD MEMBER Social Security Number
 _____ X _____
 Printed Name of Adult Household Member Date Signed Home Telephone # / Work Telephone #
 X _____ X _____
Mailing Address/Apt. Number City/State/Zip Code

PART 4 – Medicaid or K-CHIP Benefits – This section does not need to be completed to receive free or reduced price meals. We may share your information with Medicaid or the Kentucky Children’s Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line below. **NO**

X _____ X _____
SIGNATURE OF PARENT/GUARDIAN DATE

| | | |
|--|---|--|
| <p>PART 5 - RACE AND ETHNICITY: (You are not required to answer this question.) Please check all categories that apply to the racial identity of your children. No child will be discriminated against because of race, color, sex, national origin, age or disability.</p> | <p>ETHNICITY: (Choose one)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> | <p>RACE: (Choose one)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> |
|--|---|--|

PRIVACY ACT NOTICE: The 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 signed the application unless (1) you are applying for a foster child or (2) you list a Food Stamp or K-TAP number for your child or (3) when the adult who signed the application does not have a social security number. We will use the information to determine if your child is eligible for free or reduced price meals and for the operation and enforcement of the breakfast and lunch programs. We may share this eligibility information with (1) education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs; (2) auditors for program reviews; and (3) law enforcement officials to help them investigate violations of program rules.

| | |
|--|--------------------|
| MONTHLY INCOME : To determine monthly income: | |
| WEEKLY INCOME X 4.33 | TWICE A MONTH X 2 |
| EVERY 2 WEEKS X 2.15 | ANNUAL INCOME ÷ 12 |

FOR SCHOOL USE ONLY—DO NOT WRITE BELOW THIS LINE

ELIGIBILITY DETERMINATION

Total Household Size: _____ Total Income: \$ _____ Monthly Annual or Food Stamp/K-TAP

Eligibility Determination: Approved Free Approved Reduced Price Denied Temporary Approval

Reason for Denial: Income Too High Incomplete Application Other (Reason) _____

Date Notice Sent: _____ Signature of Determining Official _____ Date: _____

Withdrawal Date: _____ Re-entry Date: _____ 2nd Withdrawal Date: _____ Re-entry Date: _____

VERIFICATION

| | | | |
|---|--|--|--|
| <p>Selection Method:</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Focused</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Other</p> | <p>Date Selected for Verification: _____</p> <p>Response Due from Households: _____</p> <p>Second Response Sent: _____</p> | <p><input type="checkbox"/> Food Stamp/K-TAP Eligibility</p> <p><input type="checkbox"/> Not Confirmed</p> <p>Confirmed:</p> <p><input type="checkbox"/> Food Stamp/K-TAP Office</p> <p><input type="checkbox"/> Notice of Eligibility</p> <p><input type="checkbox"/> Notification Card, Issued</p> | <p><input type="checkbox"/> Income \$ _____</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Wage Stubs</p> <p><input type="checkbox"/> Written Documents</p> <p><input type="checkbox"/> Collateral Contact</p> <p><input type="checkbox"/> Agency Records</p> <p><input type="checkbox"/> Other</p> |
| <p>Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Ineligible <input type="checkbox"/> Free to Reduced Price <input type="checkbox"/> Reduced Price to Free</p> <p>Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____</p> <p>Date Adverse Notice Sent: _____ Date Change: _____ Signature of Verifying Official: _____ Date: _____</p> | | | |