



SHELBY COUNTY SCHOOLS

Attention Parents

This is a **FREE** and **REDUCED** lunch form.

Please read and follow carefully the instructions on the back of this page.

Only fill out one form per household.

You may send the form to school with your youngest child.

We will be scanning the form into a computer.

PLEASE write neatly and legibly in dark ink to speed processing.

(DO NOT FOLD)

Thank you,

Shelby County Schools
School Nutrition Department

LETTER TO HOUSEHOLD – ONE APPLICATION PER HOUSEHOLD

Dear Parent/Guardian:

This letter tells how your child can get free or reduced price meals. The cost of reduced price breakfast is \$.30 and reduced price lunch is \$.40. Our full-pay breakfast cost is \$1.00 and full-pay lunch cost for elementary, middle and high school is \$2.00. Shelby County Schools offer healthy meals every school day. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

IF YOU DO NOT GET SNAP OR FAMILIES FIRST FOR YOUR CHILD

If you believe you are eligible for benefits, please complete an application.

A HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses and/or income.

TOTAL HOUSEHOLD INCOME is: The income each household member got last month before taxes. This includes wages/salaries/tips before taxes, social security, pension, temporary unemployment compensation, permanent or temporary disability, welfare, child support, alimony, any temporary income, retirement, cash withdrawn from savings, net income from self-employment or farm income, and any other income. In certain cases, a foster child may get free or reduced price meals regardless of your income.

IF YOU RECEIVE SNAP OR FAMILIES FIRST FOR YOUR CHILD

If you received notification that your child has been directly certified to receive free meals for the school year, you Do Not need to apply for meal benefits. If you have not received notification by mail that your child has been approved by Direct Certification and you currently receive SNAP or Families First, you should fill out an application. Return the application to the school. We will notify you if the application is approved or denied.

PROOF OF ELIGIBILITY: The information you provide may be checked at any time. You may be asked to send 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 school officials. You have a right to a fair hearing, which may be arranged by contacting:

Mrs. Marsha Landstreet
160 South Hollywood St.
Memphis, TN 38112
901-321-2568

APPROVED APPLICATION FROM PREVIOUS YEAR

Your child's application is only good for that school year and for the first 30 school 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.

WHEN TO APPLY: You may fill out an application 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 get SNAP or Families First, you may want to 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. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

MEDICAL OR SPECIAL DIETARY NEEDS: USDA determines school meal patterns. Substitutions at no extra charge are allowed if a doctor has determined that a child has a disability that prevents the child from eating regular school meals. If you believe your child needs substitutions because of a disability, please contact School Nutrition at 901-321-2588 for further information.

Notice: If anyone in your household receives SNAP, Families First or Women, Infants, and Children (WIC), your enrolled child(ren) may be eligible for free meals.

If you are in the military and 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.

COMBAT ZONE PAY

Combat Zone pay is not counted as income if it is received in addition to basic pay because of deployment and it wasn't received before deployment.

Sincerely,
Marsha Landstreet
School Nutrition Department

APPLICATION INSTRUCTIONS (Family Application)

Please read carefully: An incomplete application cannot be approved.

To apply for free and reduced price meals for the children in your household, complete one application using these instructions. You must complete an application unless you have been notified that your children are directly certified for meal benefits. Please return the application to your child's school or mail the application to Shelby County Schools, School Nutrition Department, 160 South Hollywood St., Memphis, TN 38112.

COMPLETE ONE (1) APPLICATION PER HOUSEHOLD AND ONE SEPARATE APPLICATION FOR EACH FOSTER CHILD. PLEASE PRINT NEATLY WITH BLUE OR BLACK INK.

PART 1 – STUDENT INFORMATION. ALL HOUSEHOLDS COMPLETE THIS PART.

- a) Write Student's Social Security Number in the boxes provided (optional). Write one digit in each square. (The Social Security number is not required for eligibility determination, but speeds computer processing and helps ensure that benefits are assigned to the correct student listed on the application.)
- b) **PRINT** the name of the Student. **Please use FULL LEGAL NAME, no nicknames.**
- c) Write date of birth, grade, and school name.
- d) If any member of the household has a SNAP or Families First case number, enter it in the appropriate space. Your SNAP number has ten digits and all digits must be entered. If anyone in your household has a SNAP or Families First number, skip PART 4 and proceed to PART 5.
- e) If the student has an income, enter the amount before deductions and indicate the frequency of income. If the student has no income, put a 0 in the box.

PART 2 – HOMELESS, MIGRANT, RUNAWAY

- a) If you believe the child for whom you are applying is homeless, migrant, or a runaway, check the appropriate box and contact your homeless liaison, migrant coordinator at (901) 321-2664.

PART 3 – HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PARTS 3 AND 5 ONLY. SKIP PARTS 1, 2 and 4. A foster child is the legal responsibility of a welfare agency or court.

- a) List the foster child's monthly, personal use income. Write 0 (zero) if the foster child does not get any "personal use income." "Personal use income" is money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs. A foster child may receive free meal benefits regardless of YOUR income.
- b) Complete a separate application for EACH foster child. Do not list any other children, household members or income. A foster parent or other official representing the child MUST sign the application in Part 5. No adult social security number is required.

PART 4 – HOUSEHOLDS NOT RECEIVING SNAP OR FAMILIES FIRST MUST COMPLETE THIS SECTION

LIST NAMES AND INCOME OF ALL OTHER HOUSEHOLD MEMBERS (Include any person living in the household but do not include students already listed.)

- a) Write the names of everyone else in your household whether they receive an income or not. Include yourself, your spouse, all children not attending public school, grandparents, and other related and unrelated people who are staying in your household at the time you complete the application. If you need additional space to write names, write it on a sheet of notebook paper. **DO NOT** try to squeeze in names between the lines. Do not include children listed in PART 1.
- b) Write the **GROSS INCOME** (before taxes and other deductions) received by EACH household member in the correct column for earnings, welfare, pensions and all other income. If any income amount last month was more or less than usual, write that person's usual monthly income. Mark appropriate box for how often this income is received (weekly, bi-weekly, 2 x month, monthly). If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Combat Zone pay is not counted as income if it is received in addition to basic pay because of deployment and it wasn't received before deployment.
- c) Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person received it.
- d) If you have "zero income" and receive no unemployment compensation or any other form of income, you **MUST** mark the box that indicates "NO INCOME" in this part.

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER

- a) All applications **MUST** have an adult household member signature.
- b) Households **WITHOUT** a SNAP or Families First case number **MUST** have an adult household member's social security number. If there is no adult household member with a social security number, check the box stating, "If you do not have a Social Security Number, mark this box." If you listed a SNAP or Families First case number or if you are applying for a foster child, an adult social security number is not needed.

PARTS 6 & 7 – WAIVER OF PRIVACY ACT & ETHNICITY AND RACE

- a) These two sections are optional. You are not required to mark these sections.