



CHILD NUTRITION PUTNAM CITY SCHOOLS School Year 2010-2011

School Meals! We all know that they're an important part of your child's education. For years, it's been known that students who eat breakfast and lunch are healthier and make better grades. We want your children – and our students – to reach their potential! That's why we offer you a great opportunity to help your children learn and stay healthy while you save some money!

Look at the eligibility scale on the application and locate the line that represents the number of people in your household. Go across that line to find the eligible amount of income. Is the amount you make equal to or less than the amount on the chart? If so, your children can eat breakfast and lunch at school every day for free or at a reduced price! Does your family receive SNAP benefits or TANF (Temporary Assistance for Needy Families)? Your children too, can eat breakfast and lunch at school every day for free or at a reduced price!

Plus, your children's school will benefit even more because each school that participates in the school lunch program receives additional funds from the state and federal government to make your school even better!

Fill out the following form and turn it in to your children's school cafeteria manager or return it back to us, Putnam City Child Nutrition, 5604 NW 41st Street, Suite 280, OKC, OK, 73122. It's completely confidential. To complete the process, it is a government regulation that we have all of the information requested on this application.

The bottom line is...if you want your child to benefit from eating well-balanced meals at school, save money for your family AND help your children's schools all at the same time, please complete this application—and turn it in!

Q & A Frequently Asked Questions

- Q.** Do I have to fill out a form each year?
A. Yes, since information may change, a new form is required every year.
- Q.** What happens once I turn in the form?
A. Processing of your form may take up to 10 business days, a letter stating your child's eligibility is mailed to your home. Payment for meals is the parent's responsibility until the application has been approved.
- Q.** Can I put all my children on the same application when they attend different schools?
A. Yes, all children can be on the same application as long as none of them are a foster child.
- Q.** Who should I include as members of my household?
A. 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 the children.
- Q.** What income do I report?
A. All money that your household receives each month. Your gross monthly income, as opposed to your take-home pay.
- Q.** Will my information be checked?
A. Yes, we may ask to send proof.
- Q.** Where is my SNAP case number?
A. It is located on your ACCESS card, in the lower left-hand corner.

Putnam City School District Meal Account Balance and Charge Policy

Students should maintain a positive balance on their cafeteria account. Once a student's meal account drops below \$5.00 we will bring this to your student's attention so that additional money can be placed onto the account.

In the event that a zero balance is reached with an elementary student, the student will be allowed to charge up to \$10.00. When the charge limit is reached, a peanut butter or cheese sandwich and milk will be served for lunch and toast will be served for breakfast until charges are paid in full.

No Charges will be allowed by middle school or high schools students or adults.

Meal Prices 2010-2011

	Lunch	Breakfast
Elementary	\$1.75	\$1.00
Middle/High	\$2.00	\$1.00
Reduced-Price	.40	.30

HELP WANTED: Looking for a job that matches the school calendar? Sodexo/Putnam City Child Nutrition is now taking applications for food service workers. These jobs range from 4 to 6 hours per day while your children are in school. For more information come by our office at 5604 NW 41st Street, Suite 280.

LETTER TO HOUSEHOLD

School Year: 2010-2011

Dear Parent/Guardian:

*Children need healthy meals to learn. Putnam City Public Schools offers healthy meals every school day. Breakfast costs **\$1.00**; lunch costs **\$1.75** at the Elementary schools and **\$2.00** at the Middle and High Schools. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.*

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals for all students in your household. Incomplete applications will be returned, so be sure to fill out all required information. **Return the completed application to: Child Nutrition, 5604 N.W. 41st, Suite 280, Oklahoma City, OK 73122 (405-495-0184) or to your child's cafeteria.**

2. Who can get free meals? You can get benefits in one of two ways. You must either complete and turn in a meal application or bring in the letter provided to you by the Department of Human Services. Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting TANF, and most foster children 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 Guidelines. Please note that the approval process may take up to 10 days and we do make every effort to process your application as soon as possible. **The family must provide a lunch or lunch money until the application or DHS letter is processed and approved.**

3. Can homeless, runaway and migrant children get free meals? Please call the Child Nutrition Office at 495-0184 to see if your child (ren) qualifies, if you have not been informed that they will get free meals.

4. 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.

5. 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 got carefully and follow the instructions. Call the Child Nutrition Office at (405) 495-0184 if you have questions.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC **MAY** be eligible for free or reduced price meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I do not qualify now, may I apply later? Yes. You may apply at any time during the school year.

9. 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: James Hooper, Executive Director of Operations, 5401 NW 40th Street, Oklahoma City, OK 73122, (405) 495-5200.

10. 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.

11. 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.

12. My child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is good for that school year and for the first few days of this school year. You must send in a new application.

13. 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 made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.

14. 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 in your income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance.

15. My spouse is deployed to a combat zone. Is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income.

16. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office.

If you have any other questions or need help, call (405) 495-0184.

Si necesita ayuda, por favor llame al telefono: (405) 495-0184

Sincerely,
Department of Child Nutrition
Putnam City Schools

PUTNAM CITY SCHOOLS 2010-2011

Free and Reduced Price School Meals Family Application

Part 1. ALL HOUSEHOLD MEMBERS (Use a separate application for each foster child)

Student ID Number	Names of all Household Members (First, Middle Initial, Last)	If Student, List School & Grade	Student's Birthdate	SNAP, TANF or FDPIR Case Number for any member of the household. If you list a case number, skip to Part 5	Check if No Income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Part 2: If any child you are applying for is Homeless, Migrant or a Runaway check the appropriate box and call the Putnam City Homeless Liaison at 491-7631. HOMELESS MIGRANT RUNAWAY

Part 3: FOSTER CHILD: If this application is for a child who is the legal responsibility of a welfare agency or this box court, check and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4: Total Household Gross Income. You must tell us how much and how often

1. Full Name (List all household members with income)	2. Gross income and how often it was received. <i>Example: \$2000/monthly \$1000/twice a month \$800/every other week \$400/weekly</i>			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(example) Jane Smith	\$400.00/weekly	\$149.99 /every other week	\$500.00/month	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

Part 5: Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list 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 if I purposely give false information, my children may lose meal benefits and I may be prosecuted.*

Sign here: X _____ Print name: _____
Complete Address: _____ Apt _____ Zip code _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number Date _____

Part 6. Children's racial and ethnic identities (optional)

Mark one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Hispanic /Latino
 White Native Hawaiian or Other Pacific Islander Not Hispanic /Latino
 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: _____ Monthly Annual Household size: _____
 Categorical Eligibility: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Temporary: Free ___ Reduced: _____ Time Period _____ (expires after _____ days) Date Withdrawn _____
 Determining Official's Signature: _____ Date: _____
 Verifying Official's Signature: _____ Date: _____

OTHER BENEFITS: You do not have to complete this part to get free or reduced price school meals.

- Health Insurance Yes, School officials may give information from my Application for Free and Reduced Price Meals to the Sooner Care Benefits officials so that they can send me information about free or low cost insurance for my children.
- No, I **DO NOT** want information from my Application for Free and Reduced Price Meals shared with Medicaid or the State Children's Health Insurance Program.

I certify that I am the parent/guardian of the children for whom application is being made.
 I understand that I will be releasing information that will show that I applied for free or reduced price school meals for my children. I give up my rights to confidentiality for this purpose only.
 Signature of Parent/Guardian: _____ Date: _____

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

**ELIGIBILITY SCALE FOR REDUCED PRICED MEALS
 185 percent of Poverty Level**

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add:	\$6,919	\$577	\$289	\$267	\$134

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell 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 children for free or reduced price meals. You must include the social security number of the adult household member who signs the application. 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) Program or Food Distribution Program on Indian Reservation (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 children are 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.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. "In accordance with federal law and United States 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, 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.

FILL OUT THIS PART ONLY IF YOU DO NOT WISH TO APPLY FOR FREE AND REDUCED MEAL BENEFITS:

Child's Name: _____
 No, I am not interested in the Meal Benefit Program. Parent's Signature: _____

Do not fill out this part. This is for school use only.

Confirmation Review: Yes No
 Date Verification Notice Sent: _____ Response Due from Household: _____
 Second Notice Sent: _____

Verification Result: No Change Free to Reduced Price Free to Full Price
 Reduced Price to Free Reduced Price to Full

Reason for Eligibility Change: Income Household Size Refused to Cooperate
 Change in SNAP/TANF/FDPIR Other _____

Date Notice of Change Sent to Parent/Guardian: _____

Signature of Verifying Official: _____ Date: _____

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 all household members, the school name for each child, and the case number for any household member receiving SNAP, TANF or FDPIR benefits.
 - Part 2:** Skip this part.
 - Part 3:** Skip this part.
 - Part 4:** Skip this part.
 - Part 5:** Sign the form. A Social Security Number is not necessary.
 - Part 6:** Answer this question if you choose to.

- **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, FOLLOW THESE INSTRUCTIONS:**
 - Part 1:** List all household members and the school name for each child.
 - Part 2:** Check the appropriate box.
 - Part 3:** Skip this part.
 - Part 4:** Complete this only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
 - Part 5:** Sign the form. A Social Security Number is not necessary if you didn't complete Part 4.
 - Part 6:** Answer this question if you choose to.

- **IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**
 - Part 1:** Use a separate application for each foster child. List the child's name, school, and if the child has no income, check the box "no income".
 - Part 2:** Skip this part.
 - Part 3:** Check the box and list the child's personal use monthly income, if any.
 - Part 4:** Skip this part.
 - Part 5:** Sign the form. A Social Security Number is not necessary.
 - Part 6:** Answer this question if you choose.

- **ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**
 - Part 1:** List all household members and the school name of each child. For any persons, including children, with no income, you must check the "No Income Box".
 - Part 2:** Check the appropriate box, if any.
 - Part 3:** 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 or your boss can tell you. For other income, list the amount each person got last month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *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. 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 Housing Privatization Initiative or get combat pay do not include these allowances as income.
 - Part 4:** An adult household member must sign the form and list his or her social security number, or mark the box if he or she doesn't have one. List your address.
 - Part 5:** Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).
 - Part 6:** Answer if you choose.