Sequim School District
Application for Free and Reduced Price Meals 2019-2020

Dear Parent or Guardian,

Please be sure to review this application carefully, as some items may have changed. There is an electronic version of this application available through Skyward and it is strongly recommended that the application be submitted through that format. Contact your school's building secretary if assistance is needed using the electronic application.

- **It is important to complete the Free and Reduced Price Meal Application if there is a chance that your student(s) may qualify.** The income guidelines change yearly and are set at the federal level, not at the district level.

- **Please make sure that all parts of the application are completed** to avoid delays in approval. Incomplete applications will be returned to you for additional information.

- **New applications are required to be completed every year for your student(s) to remain eligible to receive Free or Reduced priced meals.** Only one application per family is required. For the first 30 meal operating days of the new school year your student(s) will be at the same status that they were in June of the previous year.

- **It is very important that the new applications are returned to the school in a timely manner for your student(s) to continue receiving free or reduced priced meals.** Once your new, completed application is received, you will be notified by the school district if you continue to qualify for free or reduced priced meals.

- **After 30 meal service days (October 16 for the 2019-2020 school year) have passed and there is no new application on file for your student, he or she will be removed from the program and they will be expected to pay full price for their meals.** Parents are responsible for the student's account until approved for free or reduced priced meals.

- **Households reporting ZERO INCOME** are temporarily approved for 45 days. At the end of the 45-day period, a new application must be completed showing current household income. If the household again reports zero income, a statement must be attached to the application explaining how household needs are being met on zero income. If no new application is received, your student(s) will be removed from the program and they will be expected to pay full price for their meals.

- **The information you provide may be verified at any time**. You may be asked to send additional information to prove your student(s) is/are eligible to receive free or reduced-price meals.

- **Other Benefits:** Other benefits may be available, such as assistance with school related fees. A copy of your award letter, sent home with your student(s) informing you that they qualify for Free or Reduced-Price meals for this school year, can be shown when asking for assistance. Additional copies of that qualifying letter are available upon request at the District Office.

- **If your child has an allergy to foods, you MUST provide a doctor's note that we keep on file.** This is a requirement under state and federal law.

* It is very important that you fill out this application as it helps support the school district in other ways. The state funds other programs and offers grant opportunities for the school district based on the number of applications on file.

2019-20 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Sequim School District

www.sequimschools.org

Complete, sign, and return this application to: Sequim School District 503 N. Sequim Ave. Sequim, WA 98382

Check here if you received meal benefits last year: ☐ ☐ **Homeless** ☐ **Migrant**

1. List **all students** living with you that are attending school. If the student is a foster child, homeless, or migrant, 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.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. **If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

   ☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. **List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.**

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
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	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. **Total Household Members (include all people living in your household):** ☐ **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member** ☐ Check if no SSN: ☐
   (total listed must equal number of household members listed above)

5. **Contact Information & Signature – Complete, sign, and return this application to: Sequim School District 503 N. Sequim Ave. Sequim, WA 98382**
   I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____ **Adult Household Member Signature** _____ **E-mail Address** _____

Mailing Address _____ **City, State & Zip Code** _____ **Daytime Phone** _____ **Date** _____

National School Lunch Program/School Breakfast Program
2019-20 Letter to Households (Public Schools)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K-3	$1.50	$2.50	N/A
1-5	$1.50	$2.50	N/A
6-8	$1.75	$2.75	N/A
9-12	$1.75	$2.75	N/A

REDUCED-PRICE			
Grade Level	Breakfast	Lunch	Snack
K-3	$0.00	$0.00	N/A
1-5	$0.00	$.40	N/A
6-8	$0.00	$.40	N/A
9-12	$0.00	$.40	N/A

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 foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to your child's school main office or District office.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

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.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 360-582-3433.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2019–June 30, 2020					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$23,107	$1,926	$963	$889	$445
2	$31,284	$2,607	$1,304	$1,204	$602
3	$39,461	$3,289	$1,645	$1,518	$759
4	$47,638	$3,970	$1,985	$1,833	$917
5	$55,815	$4,652	$2,326	$2,147	$1,074
6	$63,992	$5,333	$2,667	$2,462	$1,231
7	$72,169	$6,015	$3,008	$2,776	$1,388
8	$80,346	$6,696	$3,348	$3,091	$1,546
For each add'l family member, add:	$8,177	$682	$341	$315	$158

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 for a 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 payments as income.

What must be on the application?

A. <u>For households not getting any assistance</u>:

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

Complete *Parts 1, 2, 3, 4,* and *5; Part 6* is optional.

B. <u>For households with only foster child(ren)</u>

- Student's name
- Adult household member signature

Complete *Parts 1* and *5; Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

Distrito Escolar Sequim
Aplicación de forma gratuita y precio reducido 2019-2020

Estimado padre o tutor,

Por favor, asegúrese de revisar esta solicitud con cuidado, ya que algunos artículos pueden haber cambiado. Existe una versión electrónica de esta aplicación disponible a través de Skyward y se recomienda que la solicitud se presentó e través de ese formato. Póngase en contacto con la secretario adificio de su escuela si se necesita ayuda para usar la aplicación electrónica.

• Es importante completar esta aplicación de comida gratis oprecio redicido para que su hijo (s) puede clasificar formas. Las pautas de ingresos cambian cada año y se fijan en el nivel federal, no a nivel de distrito.

• Asegúrese de que todas las partes de la aplicación se completan para evitar retrasos en su aprobación. Las solicitudes incompletas serán devueltas a usted para obtener información adicional.

• Las nuevas aplicaciones se requieren para ser completado cada año para su estudiante (s) para seguir siendo elegible para recibir comidas gratis oa precio reducido. Sólo se requiere una solicitud por familia. Durante los primeros 30 días de funcionamiento de la comida del nuevo año escolar su estudiante (s) será en el mismo estado que estaban en junio del año anterior.

• Es muy importante que las nuevas aplicaciones se devuelven a la escuela en el momento oportuno para su estudiante (s) para continuar recibiendo comidas gratis oa precio reducido. Una vez que se reciba su aplicación nueva terminada, se le notificará por el distrito escolar si continúa para recibir comidas gratis oa precio reducido.

• Después de 30 días de servicio de comida (12 de octubre para el año escolar 2017-2018) han pasado y no hay ninguna nueva solicitud en el expediente de su hijo, él o ella será eliminado del programa y tendra que pagar el precio completo sus comidas. Los padres son responsables de la cuenta del estudiante hasta que sean aprobados para comidas gratis oa precio reducido.

• Los hogares que informaron CERO INGRESOS están aprobados provisionalmente por 45 días. Al final del período de 45 días, una nueva solicitud debe ser completada indicando los ingresos de los hogares actuales. Si el hogar de nuevo los informes de ingresos cero, una declaración deberá adjuntarse a la solicitud explicando cómo se están satisfaciendo las necesidades del hogar en los ingresos cero. Si no se recibe una nueva solicitud, el estudiante (s) será eliminado del programa y que se espera que pague el precio completo por sus comidas.

• La información que usted proporcione puede ser verificada en cualquier momento. Se le puede pedir que envíe información adicional para probar su estudiante (s) es / son elegible para recibir comidas gratis oa precio reducido.

• Otros beneficios: Otros beneficios pueden estar disponibles, tales como la asistencia con los honorarios relacionados con la escuela. Una copia de su carta de adjudicación, enviada a casa con su estudiante (s) que le informa de que sus hijos califican para comidas gratis o de precio reducido para este año escolar, se pueden mostrar cuando solicite asistencia. Copias adicionales de la carta de calificación están disponibles bajo petición en la oficina del distrito.

• Si su hijo tiene una alergia a los alimentos, debe proporcionar una nota del médico que guardamos en nuestros archivos. Este es un requisito bajo la ley estatal y federal.

* Es muy importante que usted llene esta solicitud, ya que ayuda a sostener el distrito escolar de otras maneras. Los fondos estatales de otros programas y ofertas otorgan oportunidades para el distrito escolar basado en el número de solicitudes en el expediente.

2019–20 SOLICITUD DE GRUPO FAMILIAR PARA RECIBIR COMIDAS GRATUITAS Y DE PRECIO REDUCIDO

DISTRITO ESCOLAR DE SEQUIM

www.sequimschools.org

Complete, firme y envíe esta solicitud a: Distrito escolar de Sequim 503 avenida Sequim norte

Marque aquí si recibió beneficios de comidas el año pasado: ☐ ☐ Sin hogar ☐ Migrante

1. Enumere todos los estudiantes que viven con usted y asisten a la escuela. Los niños de crianza y niños que satisfacen la definición de sin hogar, o migrante son elegibles para comidas gratis. Lea cómo aplicar para Comidas Escolares Gratis o a precio reducido para más información. Si el estudiante es un niño de crianza, sin hogar o migrante, indíquelo marcando una "x" en la casilla correspondiente. Incluya todos los ingresos personales recibidos por el estudiante y marque con una "x" el casillero corrector para indicar la frecuencia con que se recibe dicho ingreso. Niños de crianza temporal que están bajo la responsabilidad legal de una agencia de cuidado de crianza o corte son elegibles para comidas gratis.

Apellido del estudiante	Primer nombre del estudiante	Segundo nombre	Niño de crianza	Fecha de nacimiento	Escuela	Grado	Ingreso del estudiante	Semanal	Cada 2 semanas	Dos veces por mes	Mensual
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. **Si algún miembro del grupo familiar (incluido usted) participa actualmente en uno o más de los siguientes programas de Asistencia, escriba el número de caso. Si no tiene, vaya al paso 3.**

☐ Basic Food ☐ TANF ☐ Programa de distribución de alimentos en las Reservaciones Indígenas (FDPIR) Numero de caso: _____

3. **Enumere los nombres de todos los miembros del grupo familiar. Declare el ingreso y MARQUE la frecuencia con que se recibe. Si algún miembro del grupo familiar no recibe ingresos, escriba 0. Si usted ingresa 0 o deja la sección en blanco, usted promete que no hay ningún ingreso que reportar.**

Nombres de TODOS los demás miembros del grupo familiar (no incluya los nombres de los estudiantes enumerados más arriba)	Niño de crianza	Ingreso proveniente del trabajo (antes de cualquier deducción)	Semanal	Cada 2 semanas	Dos veces por mes	Mensual	Asistencia pública/ Manutención de menores/Pensión alimentaria	Semanal	Cada 2 semanas	Dos veces por mes	Mensual	Pensiones/ Jubilaciones/ Seguridad Social (SSI)	Semanal	Cada 2 semanas	Dos veces por mes	Mensual	Cualquier otro ingreso no enumerado en este formulario	Semanal	Cada 2 semanas	Dos veces por mes	Mensual
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. **Total de miembros del grupo familiar (incluya todas las personas que viven en su hogar):** ☐ **Últimos cuatro dígitos del Número de seguro social (SSN)** ☐ Marcar si no tiene SSN: ☐
(el total especificado debe ser equivalente al número de miembros del grupo familiar antes indicado) del principal proveedor de sustento o de otro miembro del grupo familiar

5. **Información de contacto y firma – Complete, firme y envíe esta solicitud a: Distrito escolar de Sequim 503 avenida Sequim norte**
Certifico (prometo) que toda la información en esta solicitud es verdadera y que todo el ingreso ha sido reportado. Entiendo que esta información se proporciona para recibir fondos del gobierno federal y que los funcionarios de la escuela pueden verificar (comprobar) la información. Soy consciente de que, si falsifico información de manera intencional, mis hijos pueden perder los beneficios de comidas y yo puedo ser procesado conforme a las leyes estatales y federales vigentes.

_____ **Nombre en imprenta de miembro adulto del grupo familiar**

_____ **Firma del miembro adulto del grupo familiar**

_____ **Dirección de correo electrónico**

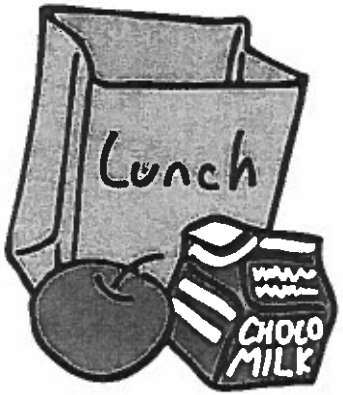
_____ **Dirección postal**

_____ **Ciudad, Estado, & Código postal**

_____ **Teléfono durante el día**

_____ **Fecha**

INSTRUCTIONS ON FILING AN APPLICATION FOR FREE OR REDUCED PRICED MEALS

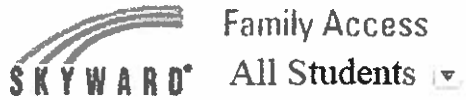


APPLICATIONS FOR 2019-2020 NEED TO BE COMPLETED ON-LINE

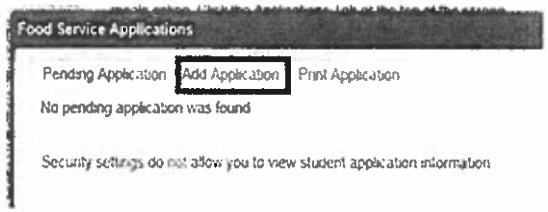
- Go to: **www.sequimschools.org**

  Login to **Skyward Family Access**

  On the upper left hand side of the screen drop the arrow down to select your child's name.



- Select **Food Service** on the left
- Select **Applications Tab** and **Add an Application**
- The **Letter to the Household** contains answers to many questions you may have about this program.



- **The Privacy Act Statement** and **Non-discrimination Statement** explain how the information is used and what to do if you believe you have been treated unfairly

*** A computer will be set up at the District Office for those families that do not have internet access (at home) to complete the online application