

**ATTACHMENT A**

**LETTER TO PARENTS  
2010-2011**

Dear Parent/Guardian:

Children need healthy meals to learn. Lewis-Palmer School District #38 offers healthy meals every school day. Breakfast costs \$1.75 for elementary (K-6<sup>th</sup>) and \$2.00 for secondary students (7<sup>th</sup>-12<sup>th</sup>), and lunch costs \$2.25 for elementary and \$2.50 for secondary students. Your children may qualify for free meals or for reduced price meals. Students approved for reduced price meals will receive breakfast at no charge (if breakfast is served at their school). Students in preschool through 2<sup>nd</sup> grade who qualify for reduced meals will also receive lunch at no charge for the 2010-11 school year. Students approved for reduced price meals in grades 3<sup>rd</sup>-12<sup>th</sup> will be charged \$ .40 for lunch. Students are encouraged to eat BOTH breakfast and lunch if breakfast is served at their school.

Complete **one Free and Reduced Price School Meals Application** for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Lewis-Palmer School District Nutrition Services, 1300 Higby Rd, Monument Co 80132, or to the secretary of your school who will forward the application to Nutrition Services.**

Here are answers to questions you may have about applying:

**1. Who can get free or reduced price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), children in households who participate in The Food Distribution Program on Indian Reservations (FDPIR), and most foster children can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.

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

**3. Can homeless, runaway, and migrant children get free meals?** Please call Jim Taylor (LPSD Registrar) at 488-4700 to see if your child(ren) qualify, if you have not been informed that they will get free meals. Making a note of the student's homeless, runaway, or migrant status on the application will not automatically qualify them for meal benefits.

**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.

**5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.

**6. 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: Mrs. Cheryl Wangeman, Assistant Superintendent of Operations, Lewis-Palmer School District 38, P.O. Box 40 Monument, CO 80132 Telephone: (719) 488-4703

**7. 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.

**8. Whom 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.

**9. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month.

**10. We are in the military; do we include our housing allowance as income?** If 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.

**11. 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.

If you have other questions or need help, call **488-4726**.

Sincerely,

*Cheryl Wangeman*

**Assistant Superintendent of Operations**

**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 children 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 social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) or a Food Distribution Program on Indian Reservations (FDPIR) case number 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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "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, S.W., Washington DC 20250-9410*, or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Household Size	Income Chart		
	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$ 386
2	\$26,955	\$2,247	\$ 519
3	\$33,874	\$2,823	\$ 652
4	\$40,793	\$3,400	\$ 785
5	\$47,712	\$3,976	\$ 918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
For each additional member add....	+ 6,919	+ 577	+ 134

## INSTRUCTIONS FOR APPLYING

**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 grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income and frequency received. Write "0" if the child has no personal use income.

**Part 4:** Skip this part.

**Part 5:** Skip this part.

**Part 6:** Sign the form. A Social Security Number is not required.

**If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) OR the Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** SNAP case number.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Skip this part.

**Part 6:** Sign the form. A Social Security Number is not required.

**If you are applying for a MIGRANT, HOMELESS OR RUNAWAY CHILD,** please call [your school, homeless liaison, migrant coordinator at phone#]. This application DOES NOT qualify the student for meal benefits; the coordinator must be contacted. To be approved for meal benefits as soon as possible, please apply with income information following the steps outlined below.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List each child's name, school, and grade. Please indicate if the student has income or check the no income box.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Follow these instructions to report all household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you not listed in Part 1. Attach another sheet of paper if you need to.

**Column 2–Check if no income:** If the person does not have any income, check the box.

**Column 3–6 Gross income and how often it was received:** Next to each person's name, list each type of income received last month, how often it was received. Provide monthly average if employed seasonally.

*Earnings from work:* example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

*Additional Income Sources:* List the total amount each person received last month from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

*OTHER INCOME:* Report net income for self-owned business, farm, or rental income. Next to the amount, check how often the person received it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Part 6:** An adult household member **must** sign the form and list the last four digits of his or her Social Security Number or mark the box if he or she doesn't have one.

### INCOME TO REPORT:

Earnings from Work  
Wages/salaries/tips  
Strike benefits  
Unemployment  
Compensation  
Worker's compensation  
Net income from self-owned business or farm  
Average monthly income if seasonally employed

Welfare/Child Support/Alimony  
Public assistance payments  
Welfare payments  
Alimony  
Child support payments

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 people not living in the household  
Net royalties/annuities/net rental income  
Any other income

**ATTACHMENT B 2010-2011 APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS**  
**(This form may be used only if participating in the federal Child Nutrition Programs)**

Last Name(s) of Family \_\_\_\_\_

Mailing Address, City, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**INSTRUCTIONS:** Complete the application, sign your name, and return application to school.

**1. STUDENT INFORMATION: PRINT each child's name, school and grade. (Use a separate application for each foster child)**

Names of all children in school (First and Last)	School name	Grade	Check if no income	Provide student Income and Frequency of Pay
			<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/ month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/ month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/ month <input type="checkbox"/> weekly
			<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/ month <input type="checkbox"/> weekly

**2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR)** (Enter number and skip to part 6.) Case Number: \_\_\_\_\_

**3. Foster Child, check here:**  If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the **child's** personal use income and the frequency: \$ \_\_\_\_\_. \_\_\_\_ / \_\_\_\_\_. \_\_\_\_ (Write "0" if the child has no personal use income.) Complete information and skip to part 6.

**4. If the child you are applying for is homeless, migrant, or a runaway, call Jim Taylor (LPSD Registrar) at 488-4700.**

5. All Household Members, other than those listed above		List all current gross income and check how often it was received.			
First and Last Name	Check if no income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly
	<input type="checkbox"/>	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly	\$ _____. ____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly

**6. Signature and Social Security Number: (Adult MUST sign)**

An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

**Last 4 Digits of Social Security Number:** \_\_\_\_\_  I do not have a Social Security Number

*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 \_\_\_\_\_ **Date** \_\_\_\_\_

**Do Not Write Below This Line. School Use Only.**

**Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_ Reduced \_\_\_ Expires after 45 days on: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

Please complete reverse side of this form.

**2010-2011 INFORMATION RELEASE**

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

**If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for *fee waiver consideration of required fees, such as technology and consumable materials.*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for *additional student support services, if applicable.*

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application for *optional student opportunities, including athletics and extra curricular activities such as field trips.*

**If you checked yes to any or all of the boxes above, fill out the information below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

*For more information, you may call your school secretary or the District Registrar at 488-4700.*

Return this form to:

**Lewis-Palmer School District Nutrition Services, 1300 Higby Rd, Monument, CO, 80132  
or to the secretary of your school who will forward the application to Nutrition Services.**