



MONTCLAIR PUBLIC SCHOOLS

BUSINESS OFFICE

22 VALLEY ROAD ~ MONTCLAIR, NEW JERSEY 07042

WWW.MONTCLAIR.K12.NJ.US

DANA SULLIVAN

School Business Administrator / Board Secretary

July 2010

Dear Parent/Caregivers:

The Child Nutrition Reauthorization Act of 2004 mandates all Local Educational Agencies to use a **Household Application** for Free and Reduced Meal Programs. The new Federal regulations require the following:

1. Only **one** application needs to be filled out for each family
2. List the names of **all** family members who live in the house on the application
3. Do not list the names of Foster Children on the Household application; **each Foster Child must fill out their own application**
4. Please return only one completed application to the school, preferably with your youngest child currently attending a Montclair Public School
5. **Exception:** If you have a child or children enrolled in more than one school district, an application must be completed and returned to each school district.

Very truly yours,

A handwritten signature in cursive script that reads "Dana Sullivan". The signature is written in dark ink and is positioned above the printed name and title.

Dana Sullivan
Business Administrator

DS:sr



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DANA SULLIVAN

School Business Administrator / Board Secretary

Dear Parent/Guardian:

Children need healthy meals to learn. The Montclair participates in the following Child Nutrition Programs at the prices indicated:

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$3.00	\$3.25 * \$3.75	\$3.50 * \$4.00	\$0.40	\$0.40	\$0.40
School Breakfast	\$2.00	\$2.25	\$2.50	\$0.30	\$0.30	\$0.30
After School Snack	N/A	N/A	N/A	N/A	N/A	N/A
Special Milk Program	N/A	N/A	N/A	N/A	N/A	N/A
Split Session Milk Program	N/A	N/A	N/A	N/A	N/A	N/A

* - Variable lunch prices N/A - Not Applicable

How can I get health insurance for my children? New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare to determine if your children qualify to participate in this state insurance program. **IF YOU DO NOT WISH TO SHARE YOUR INFORMATION WITH MEDICAID OR NJ FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID or NJ FAMILYCARE, AND RETURN IT TO YOUR CHILD'S SCHOOL.** Contact information for NJ FamilyCare is listed below:

NJ FamilyCare www.njfamilycare.org 1-800-701-0710

Contact information for other food assistance programs in New Jersey are listed below:

Food Stamp Program www.njfoodstamps.org 1-800-687-9512

WIC Program www.nj.gov/health/fhs/wic 1-866-446-5942

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. **Use 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 one of your children's schools.

2. **Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Eligibility Guidelines.

3. **Can homeless, runaway and migrant children get free meals?** If you have not been informed that your child(ren) qualify for free meals, please call the school, homeless liaison, or migrant coordinator.

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 Eligibility Guidelines.

5. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** No, if you received a letter indicating that your child has been directly certified as being eligible for free meals, you do not need to fill out the application.

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 don't qualify now, may I apply 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 getting Food Stamps or TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

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: *Hearing Officer Name: Dana Sullivan*
Address: 22 Valley Road, Montclair, NJ 07042 *Phone Number: (973)509-4055*

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. **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. If you normally get overtime, include it, but not if you get it only sometimes.

13. **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.

If you have other questions or need help, call *Phone Number: (973)509-4055*

Sincerely,

Signature



Name Dana Sullivan

Title Business Administrator

Application #

School District **MONTCLAIR**

FISCAL YEAR 2011

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Food Stamp or TANF case # (if any). If # listed, skip to Part 5.

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator. Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box 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 for each person; check if no income

1. Name (List everyone in household - include students listed above)	2. List gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions How Often?	Welfare, child support, alimony How Often?	Pensions, retirement, Social Security How Often?	All Other Income How Often?	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

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: _____ Date: _____
 Address: _____ Zip Code _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

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

Mark one or more racial identities: Asian American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander Black or African American Other

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

STOP Don't fill out this part. This is for school use only. Error Prone

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: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
 Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
 Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____

For State Agency Use

F to R	R to F	D to F	SS #	SB Temp
F to D	R to D	D to R	Income	Other

INSTRUCTIONS FOR APPLYING**If your household receives benefits from the Food Stamp Program, OR gets TANF, follow these instructions:****Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.**Part 2:** Check the appropriate box, if any.**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.**Check the appropriate box and contact your school, homeless liaison, or migrant coordinator.
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.****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, 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 to.**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:****Part 1:** List each child's name, school, and grade.**Part 2:** Check the appropriate box, if any.**Part 3:** Skip this part.**Part 4:** Follow these instructions to report total 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. Attach another sheet of paper if you need to.**Column 2 -Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).**All other income:** List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it . If you are in the Military Housing Privatization Initiative do not include this housing allowance.**Column 3-Check if no income:** If the person does not have any income, check the box.**Part 5:** 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.**Part 6:** Answer this question if you choose to.**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 child 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 Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 child is 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 (USDA) 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, D.C. 20250-9410, or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.