

## LETTER TO PARENTS 2014-2015

Dear Parent/Guardian:

Children need healthy meals to learn. **Roaring Fork School District** offers healthy meals every school day. Breakfast cost **for Elementary \$1.50, Middle \$1.75 and High School is \$2.00**, and lunch cost **Elementary \$3.00, Middle \$3.50 and High School is \$4.00**. Your children may qualify for free meals or for reduced price meals. The reduced price is **free** for breakfast and **\$0.40** for lunch.

\*Students in all grades that qualify for reduced price meals will receive breakfast at no charge. Students in preschool through 2<sup>nd</sup> grade who qualify for reduced meals will also receive lunch at no charge.\*

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: Roaring Fork School District 1405 Grand Ave. Glenwood Springs, CO.81601.**

*Here are answers to questions you may have about applying:*

Income Chart			
Household Size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
For each additional family member add:	\$7,511	\$626	\$145

1. **Who can receive free or reduced price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) and children in households that participate in the Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals regardless of your income. If one case number is provided on the application, free meal benefits will apply to all students listed on the application. Also, your children can receive free or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines.
2. **Can foster children receive free meals?** Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. For a household that has foster and non-foster children, the foster child may be listed on the application as a member of the foster family, as this may help other children in the household to qualify for benefits. If the foster family is not eligible for free meals it does not prevent the foster child from receiving free meal benefits.
3. **Can homeless, runaway, and migrant children receive free meals?** Yes. If you have not already received notification that your child(ren) qualify for free meals, complete the meal application and indicate the child's status: homeless, runaway, or migrant. In addition call **Family Resource Center 970-384-5697** to see if your child(ren) qualify.
4. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please carefully read the letter you received, and follow the instructions. Call your child's school if you have questions.
5. **My child's application was approved last year. Do I need to fill out another one? Yes.** Your child's application is good only for that school year and for the first few 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.

6. **I receive benefits from the WIC Program. Can my child(ren) receive 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, and we may ask you to send written proof of the information you give.
8. **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 increases, income decreases, or if you start receiving SNAP or FDPIR. If you lose your job, your children may be able to receive free or reduced price meals if the household income drops below the income limit.
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: **Shannon Pelland 970-384-6003, 1405 Grand Ave. Glenwood Springs, Co. 81601**
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 US citizen to qualify for free or reduced price meals.
11. **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) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people whom you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime pay, include it, but do not include it if you work overtime only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **We are in the military; do we include our housing allowance as income?** If you receive an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. **My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
15. **My family needs more help. Are there other programs for which we might apply?** To find out how to apply for other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food, and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.
16. **Is the social security number required?** While disclosure of the last 4 digits of a social security number is voluntary, for an application to be approved, the last 4 digits of a social security number or an indication of "none" is required.

If you have other questions or need help, call Michelle Hammond 970-**384-6007**

Sincerely,

**Michelle Hammond**

**Use of Information Statement:** 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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 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:** The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

**APPLICATION INSTRUCTIONS**

*IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OR FDIPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:*

- Part 1:** List all students; indicate school and grade for each student.
- Part 2:** List the name of the household member receiving the benefit, and list the case number.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

*IF YOU ARE APPLYING FOR A MIGRANT, HOMELESS, OR RUNAWAY CHILD, FOLLOW THESE INSTRUCTIONS:*

- Part 1:** List all students; indicate school and grade for each student. Indicate if the student is Homeless, Migrant or Runaway.
- Part 2:** Skip this part.
- Part 3:** Call **Family Resource Center at 970-384-5697**
- Part 4:** Skip this part.
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

*IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:*

- Part 1:** List all students; indicate school and grade for each student. Check the foster check box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

*FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:*

- Part 1:** List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, if NO INCOME, you must check the no income box.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next 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 and students that have income. 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 and how often it was received.
    - 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 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 receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** An adult household member **must** sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not 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

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

Pensions/Retirement/  
Social Security/SSI/VA  
Benefits  
Pensions  
Supplemental Security  
Income  
Retirement income  
Veteran's benefits  
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

**2014-2015 Application for Free and Reduced Price School Meals**  
(This form may be used only if participating in the federal Child Nutrition programs)

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

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

**INSTRUCTIONS:** Using the instruction sheet provided, complete the application, sign your name, and return application to school.

**Part 1. Student Information.** List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. **If the student has NO INCOME, you MUST check the No income box.** If the student has income please add the student to the household section below and provide income information.

Foster Child	No Income	Student Name: Last, First		School	Grade		H	M	R
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

**Part 2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):**  
Provide the name and case number for the person who receives benefits.  
(Enter information and skip to part 5)  
Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**Part 3. Other Source Eligibility:** If any child you are applying for is **HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call the Family Resource Center at 970-384-5697

**Part 4. List all household members not listed above AND students with income.**

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

**Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)**  
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.  
Your information **WILL** be shared unless you check the box below.  
 Please do NOT share my information with the Medicaid or SCHIP offices.

**Part 6. 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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only):** XXX - XX - \_\_\_\_\_  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: \_\_\_\_\_

Total Income: \_\_\_\_\_ Per  Week  Bi-Weekly  2x/Month  Month  Year Household size: \_\_\_\_\_ Eligibility: Free  Reduced  Monthly x 12

# 2014-2015 INFORMATION RELEASE

---

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 or not sending in this form will not change whether your children receive free or reduced price meals.

---

- 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 eligibility status information from my Free and Reduced Price School Meals Application with **Summer School Coordinator**
- Yes! I **DO** want school officials to share eligibility status information from my Free and Reduced Price School Meals Application with **Athletic Program Coordinator**
- Yes! I **DO** want school officials to share eligibility status information from my Free and Reduced Price School Meals Application with **School Based Health Center**
- Yes! I **DO** want school officials to share eligibility status information from my Free and Reduced Price School Meals Application with **After School Program Coordinator**

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, and the information will not be shared by the receiving program with anyone else.

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 Michelle Hammond at 970-384-6007.  
Return this form to: 1405 Grand Ave. Glenwood Springs CO. 81601