



CHILD NUTRITION PUTNAM CITY SCHOOLS School Year 2009-2010

Q & A Frequently Asked Questions

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 below 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 mail 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!

ELIGIBILITY SCALE FOR REDUCED PRICE MEALS
2009-2010 School Year

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1670	835	771	386
2	26,955	2247	1124	1037	519
3	33,874	2823	1412	1303	652
4	40,793	3400	1700	1569	785
5	47,712	3976	1988	1836	918
6	54,631	4553	2277	2102	1051
7	61,550	5130	2565	2368	1184
8	68,469	5706	2853	2634	1317

Meal Account Balances 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.

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

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.

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 4-6 hours per day while your children are in school. For more information call 495-0184 or come by our office at 5604 NW 41st St, Suite 280.

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. If you haven't heard anything in two weeks, by all means, call us! 495-0184.

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. Your gross monthly income, as opposed to your take-home pay.

Q. Where is my SNAP case number?

A. It is located on your ACCESS card, in the lower left-hand corner.

Meal Prices 2009-2010

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

LETTER TO HOUSEHOLD
School Year: 2009-2010

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. Use one Free and Reduced Price School Meals Application 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 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 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 if your household size goes up, income comes down, or if you start receiving SNAP or getting 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: 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. What if my income is not always the same?** List the **gross** 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 any other questions or need help, call (405) 495-0184.

Sincerely,
Department of Child Nutrition
Putnam City Schools

PUTNAM CITY SCHOOLS 2009-2010
Family Application for Free & Reduced Priced Meals

Part 1. Children in School (Use a separate application for each foster child)					
Student ID Number	Names of all Children in School (First, Middle Initial, Last)	School Name	Grade	Birth Date	SNAP, TANF or FDIPIR Case # (Case # is 1 Letter & 6 Numbers)

Skip to Part 4 if you list a SNAP, TANF or FDIPIR case number. DO NOT List your 16 digit ACCESS Card Number.

Part 2: 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 4.

Part 3: Total Household Gross Income From Last Month. List each person in the household. For each person who receives an income, write the amount received before deductions and how often it is received

1. Full Name (List everyone in household)	2. Gross income and how often it was received. <i>Example: \$1000/monthly \$500/twice a month \$400/every other week \$400/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 4: Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 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 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

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: _____

Zero Income _____ Temporary Until: _____ (expires after _____ days) Reapplied _____ Date Withdrawn _____

Determining Official's Signature: _____ Date: _____

Part 6. 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: _____

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 for your children 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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

____ No, I do not wish to participate in the meal program.

_____ Signature of Parent

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

If your household gets SNAP (Food Stamps), TANF or FDPIR, follow these instructions:

Part 1: List each child's name, school, grade, birth date, & a SNAP, TANF or FDPIR CASE NUMBER.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

Part 6: Other Benefits: Your children may be eligible for a **health insurance program for children (Sooner Care Benefits)**. Please look at Part 6 if you do not have health insurance for your children.

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, grade, and birth date.

Part 2: Check the box and list the child's personal use monthly income. Write ZERO if the foster child does not get personal use income.

Part 3: Skip this part.

Part 4: Sign the form. List your address. A social security number is not necessary.

Part 5: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

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

Part 2: Skip this part.

Part 3: 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, pensions, (second column) pensions, retirement Social Security (third column), and all other income sources (fourth column). In the *All Other Income* 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 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: Answer this question if you choose.

Part 6: Other Benefits: Your children may be eligible for a **health insurance program for children (Sooner Care Benefits)**. Please look at Part 6 if you do not have health insurance for your children.