



Atlantic City Board of Education Food Service Department

1300 Atlantic Avenue – 5th Floor, Atlantic City, New Jersey 08401
(609) 343-7200 ext. 5032 ▪ Fax (609) 347-1549

Ms. Terri Bethea
Coordinator

Dear Parent/Guardian:

Children need healthy meals to learn. The **ATLANTIC CITY BOE** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

| | FULL PRICE | | | REDUCED PRICE | | |
|----------------------------|------------|----------------|----------------|----------------|----------------|----------------|
| | Elementary | Middle | High | Elementary | Middle | High |
| National School Lunch | \$2.70 | \$2.70 | \$3.00 | \$0.40 | \$0.40 | \$0.40 |
| School Breakfast | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| After School Snack | N/A | N/A | N/A | N/A | N/A | N/A |
| Special Milk Program | N/A | N/A | N/A | Not Applicable | Not Applicable | Not Applicable |
| Split Session Milk Program | N/A | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |

N/A - Not Applicable

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get free OR REDUCED PRICE meals?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

**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 to ensure that your information is NOT shared for the child(ren) listed 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.

Application #:
2017-2018 Application for Free and Reduced Price School Meals
 Complete one application per household. Please type or use a pen (not a pencil).

Available online at: www.acboe.org

STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

| Child's First Name | MI | Child's Last Name | [press spacebar to advance] | | School Name (Abbr.) | Grade | Student attends this school district? | | Homeless, Migrant, Runaway | | |
|--------------------|----|-------------------|-----------------------------|----|---------------------|-------|---------------------------------------|----|----------------------------|----|--|
| | | | MI | MI | | | Yes | No | Yes | No | |
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STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? YES NO

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (Including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | | | Public Assistance/Child Support/Alimony | | | Pensions/Retirement/All Other Income | | |
|--------------------------------------------------|--------------------|-----------|---------|-----------------------------------------|-----------|---------|--------------------------------------|-----------|---------|
| | Weekly | Bi-Weekly | Monthly | Weekly | Bi-Weekly | Monthly | Weekly | Bi-Weekly | Monthly |
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN:

STEP 4 Contact information and adult signature. Mail Completed Form To:

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.*

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Signature of adult _____ Today's date _____