



**CITY SCHOOL DISTRICT OF NEW ROCHELLE**  
515 NORTH AVENUE  
NEW ROCHELLE, NEW YORK 10601-3416

**RICHARD E. ORGANISCIAK**  
SUPERINTENDENT OF SCHOOLS

**JOHN B. QUINN**  
ASSISTANT SUPERINTENDENT  
BUSINESS AND ADMINISTRATION

**DAWN MCGINN**  
DIRECTOR OF FOOD SERVICES

FAX: (914) 576-4675  
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August 19, 2013

Dear Parent/Guardian:

Children need healthy meals to learn. The City School District of New Rochelle offers healthy meals every school day. We invite all students to show their support for their school food service program through frequent participation.

Elementary school students may buy the full price breakfast for \$1.25 and/or the full price lunch for \$2.25. Albert Leonard and Isaac E. Young Middle School students may buy the full price breakfast for \$1.25 and/or the full price lunch for \$2.50. High School students may buy the full price breakfast for \$1.50 and/or the full price lunch for \$2.75. Reduced price is \$.25 for breakfast and \$.25 for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. You can 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 school.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations or, in some States Temporary Assistance for Needy Families (TANF), can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that 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.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call your child's school or Food Service office at 576-4217 to see if they qualify.
5. **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 Eligibility Income Chart, shown on this application.

6. 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 got and follow the instructions. Call your child's school if you have any questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good 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.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
11. 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: New Rochelle Food Services, 265 Clove Road, New Rochelle, NY 10801, 576-4216.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHLD IS NOT A U.S. CITIZEN? Yes. You or your child(REN) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who 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.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime pay, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get 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.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE, IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was

deployed, combat pay is not counted as income. Contact your child's school for more information.

17. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office.

**2013-2014 INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK  
REDUCED PRICE ELIGIBILITY INCOME CHART**

<b><u>TOTAL FAMILY</u></b>			<b><u>TWICE</u></b>	<b><u>EVERY</u></b>	
<b><u>SIZE</u></b>	<b><u>ANNUAL</u></b>	<b><u>MONTHLY</u></b>	<b><u>PER MONTH</u></b>	<b><u>TWO WEEKS</u></b>	<b><u>WEEKLY</u></b>
1	\$21,257	\$1,772	\$ 886	\$ 818	\$ 409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each add'l family member, add	7,437	620	310	287	144

**How to Apply:** To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

**Reporting Changes:** The benefits that you are approved for at the time of application are effective for the entire school year.

**Income Exclusions:** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such are under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, family or parental status, sexual orientation, or at 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.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), 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 email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

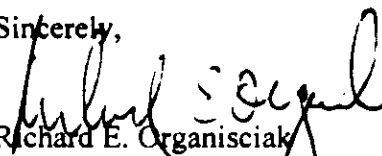
Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA'S TARGET Center at (202) 720-2600 (voice and TDD).

**Meal Service to Children With Disabilities:** Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title 1 and the National Assessment of Education Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or Local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,



Richard E. Organisciak  
Superintendent of Schools

Date Withdrew \_\_\_\_\_

### 2013-2014 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to \_\_\_\_\_ (name/school). Call (phone number) 576-\_\_\_\_ if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No 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"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP or TANF Benefits: If anyone in your household receives either SNAP, TANF or FDIPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. If any child you are applying for is homeless, migrant or a runaway, please call this number: \_\_\_\_\_ (Homeless Liaison/Migrant Education Coordinator)  
 Homeless  Migrant  Runaway

4. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No 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"/>

5. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Address \_\_\_\_\_

I do not have a SS#

#### DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

Food Stamp/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_/\_\_\_\_\_  
 Free Meals  Reduced Price Meals  Denied/Paid  
 Signature of Reviewing Official \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to \_\_\_\_\_ . If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: \_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

### **PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 5.**

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

### **PART 3 Before completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number:**

*(Homeless Liaison/Migrant Education Coordinator name and Phone Number)*

### **PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs PART 5 if Part 4 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

#### **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 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 are 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.

#### **DISCRIMINATION COMPLAINTS**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 basis 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 (PDF), 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 email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider and employer.

Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

### 2013-2014 Solicitud de Familia para las Comidas Escolares y Leche Gratis o Precios Reducidos

Para solicitar por comidas gratuitas o precios reducidos para sus niños, lea las instrucciones en el reverse, complete este formulario para su hogar, firme su nombre y volver a llamar al 376 (211) si usted necesita ayuda. Nombres adicionales se pueden ser listados en un documento separado.

1. Lista todos los niños en su hogar que asisten una escuela:

Nombre del estudiante	Escuela	Grado/Profesor(a)	Hijo/a de crianza	Sin Ingresos
			<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"/>

2. Cupones para alimentos o TANF beneficios:

Si alguien en su hogar recibe cupones de alimentos, o beneficios de TANF o FDPIR, liste su nombre y CASO # aquí. Vaya a la parte 5, y firme la solicitud.

Nombre: \_\_\_\_\_ CASO # \_\_\_\_\_

3. Si algún niño que usted esta solicitando por es sin hogar, un emigrante o un fugitivo, por favor llame a este número:

Sin hogar  Emigrante  Fugitivo

(Enlace para personas sin hogar/Coordinador de Educación Emigrante)

4. El ingreso total del hogar: Liste todas las personas que viven en su hogar, cuanto y con que frecuencia se pagan (semanalmente, cada otra semana, dos veces al mes, mensual). Si usted ha indicado de un(a) hijo(a) de crianza, usted necesita reportar su ingreso personal.

Nombre del miembro del hogar	Ganancias del trabajo antes de las deducciones Cantidad/Frecuencia	La manutención de menores, pensión alimenticia Cantidad/Frecuencia	Pensiones, los pagos de jubilación Cantidad/Frecuencia	Otros ingresos, Seguridad Social Cantidad/Frecuencia	Sin ingresos
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<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"/>

5. Firma: Un miembro adulto del hogar debe firma esta solicitud y presenta los últimos cuatros dígitos de su Numero de Seguro Social (SS#), o marcar el bloque "No tengo un Numero de Seguro Social" antes de que pueda ser aprobado.

Yo certifico (prometo) que toda la información en esta solicitud es verdadero y he reportado todos los ingresos. Yo entiendo que la información se está dando para que la escuela recibirá fondos federales. Los funcionarios escolares pueden verificar la información y si deliberadamente proveo información falsa, puedo ser procesado bajo de leyes estatales y federales, y mis hijos podrían pedir beneficios de comidas.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

No tengo un SS#

Dirección de correo electrónico: \_\_\_\_\_ Últimos cuatros dígitos del Numero de Seguridad Social: \_\_\_\_-\_\_-\_\_\_\_

Teléfono de la casa \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_ Dirección de la casa \_\_\_\_\_

#### NO ESCRIBA DEBAJO ESTA LINEA- PARA USO DE LA ESCUELA

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

Food Stamp/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_



## INSTRUCCIONES DE SOLICITUD

Para solicitar comidas gratuitas o precio reducido, presente una carta de Habilitación recibida de la Oficina de Temporal y Asistencia de Discapacidad o llene sólo una solicitud de su hogar siguiendo las instrucciones. Firme la solicitud y envíela a \_\_\_\_\_. Si tiene un hijo de crianza en su hogar, usted puede incluir en su solicitud. Llame a la escuela si necesita ayuda: \_\_\_\_\_. Asegure de que toda la información se proporciona. Si no lo hace puede resultar en la denegación de beneficios para su hijo o retrasos innecesarios en la aprobación de su solicitud.

### PARTE 1 TODOS LOS HOGARES NECESITEN COMPLETAR LA Información. NO LLENE MAS DE UNA SOLICITUD PARA SU HOGAR.

- (1) Imprima los nombres de los niños para usted esta aplicando en una sola aplicación.
- (2) Liste su grado y escuela.
- (3) Marque el bloque para indicar un hijo de crianza que vive en su hogar, y marque el bloque para cada niño sin ingresos.

### PARTE 2 HOGARES CON CUPONES DE ALIMENTOS, TANF O PDARI DEBE COMPLETE PARTE 2 Y FIRME PARTE 5

- (1) Liste un presente cupón de alimentos, TANF, o PDARI (Programa de Distribución de Alimentos en Reservas Indígenas) caso número de alguien viviendo en su hogar. No use el número de 16 dígitos en su tarjeta de beneficios. El número del caso esta proporcionado en su tarjeta de beneficios.
- (2) Un miembro adulto del hogar necesite firmar la solicitud en PARTE 5. Omite PARTE 4. No liste nombres de miembros del hogar o ingresos si lista un caso número de cupones de alimentos, TANF o PDARI número.

### PARTE 3 If you are completing an application for a child who may be homeless, a migrant education student, or a runaway, please call your school's homeless liaison or migrant education coordinator at this number: Si esta llenando una solicitud para un niño sin hogar, un estudiante con una educación migrante, o un fugitivo, por favor llame al enlace sin hogar o el coordinador de educación de los migrantes en este número:

(Enlace sin hogar/ Coordinador de educación de los migrantes nombre y número de teléfono)

### PARTES 4 Y 5 TODOS OTROS HOGARES NECESITEN LLENAR ESAS PARTES Y TODOS DE PARTE 5.

- (1) Escriba los nombres de todos en su hogar, sean o no recibe ingresos. Incluya su nombre y los niños que usted está solicitando, todos los otros niños, su marido(a), abuelos, e otras personas en su hogar (familia o no). Utilice otra hoja de papel si necesita más espacio.
- (2) Escriba la cantidad de ingresos Corrientes de cada miembro del hogar recibe, antes de impuestos o otras deducciones, e indique de donde vino, tales como sueldo, asistencia social, pensiones e otros ingresos. Si el ingreso corriente es más o menos del normal, indique el ingreso normal de esa persona. Especifique la frecuencia con la cantidad de ingreso que se recibe: **semanal, cada dos semanas, dos veces cada mes, o mensual.** El valor de cuidado de niños, proporcionado u arregiado, o cualquier cantidad recibida como pago por cuidado de niños o reembolso de los gastos incurridos por ese cuidado bajo de Cuidado de Niños y Subvención de Desarrollo Bloque, TANF y Programas de Cuidado de Niños de Riesgos no deben ser considerados como ingresos para este programa.
- (3) La solicitud debe incluir sólo los últimos cuatro dígitos del Numero de Seguridad Social del adulto que firme **PARTE 5** si Parte 4 esta llenando. Si el adulto no tenga un Numero de Seguridad Social, marque el casilla. Si usted listó un número de cupones de alimentos, TANF o PDARI, un número de Seguridad Social no es necesario.

**OTROS BENEFICIOS:** Su hijo(a) puede ser elegible por beneficios como Medicaid o Programa de Seguro Medico para Niños (PSMN). Para determinar si su hijo(a) es elegible, funcionarios del programa necesitan información desde la solicitud de comidas gratis o precio reducido. Su consentimiento escrito se requiere antes de que cualquier información pueda ser puesta en libertad. Por favor, refiérase a la Carta de Revelación Paternal y Declaración de Consentimiento para obtener información sobre otros beneficios.

#### Declaración de Privacidad

El Acta de Privacidad: Esto explica como usaremos la información que nos da. El Richard B. Russell Ley Nacional de Almuerzo Escolar exige la información en esta solicitud. Usted no necesita dar la información, pero si no lo hace, nosotros no podemos aprobar su hijo(a) por comidas gratis o a precios reducidos. Debe incluir los últimos cuatro dígitos del número de Seguridad Social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos del número de Seguridad Social no son necesarios si usted está solicitando para un hijo de crianza o usted lista un número de Cupones de Alimentos, Temporal Asistencia para Familias Necesitadas (TANF) o el Programa de Distribución de Alimentos en Reservas Indígenas (PDARI) u otro identificador PDARI para su niño o cuando usted indica que el miembro adulto del hogar que firma la solicitud no tiene número de Seguridad Social. Nosotros usaremos su información para determinar si su niño es elegible para recibir comidas gratis o a precio reducido, y para la administración y la ejecución de los programas de almuerzo y desayuno. Es posible que compartiremos su información de elegibilidad con programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar beneficios para sus programas, auditores para revisar programas, y funcionarios del orden para ayudarles a investigar violaciones de las reglas del programa.

#### Quejas de Discriminación

Declaración de No-Discriminación: Esto explica que hacer si usted cree que ha sido tratado injustamente. De conformidad con la Ley Federal y el Departamento de Agricultura de EEUU, esta institución esta prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, o discapacidad. Para presentar una queja de discriminación, escriba a USDA, Director, Oficina de Derechos Civiles, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al número gratuito (866) 632-9992 (Voz). Los individuos que son sordos con discapacidades del habla pueden comunicarse con el USDA por el Servicio Federal de Retransmisión a (800) 877-8339 (en ingles) o (800) 845-6136 (en español). USDA es un proveedor de oportunidades iguales.



## SCHOOL LUNCH CHARGE POLICY

3715

The City School District of New Rochelle establishes the following policy as it relates to the charging of school meals:

1. **Elementary Schools:** These students will be allowed to charge a maximum of five meals (\$11.25). No a la carte items may be charged.
2. **Middle Schools:** Middle School students will be allowed a maximum of three charged meals (\$7.50), as per the current practice. No a la carte items may be charged.
3. **High School:** No charges are allowed, as per current practice.
4. Any student with outstanding charges will not be allowed to purchase snacks.
5. The Food Service Department shall maintain a list of students who have charged meals and the number of occurrences for each student.
6. The Food Service Department shall update the list each month and send the revised list to the Principal at each school, the Director of Pupil Services, and the Deputy Business Manager.
7. If a child reaches the maximum allowed charged meals without providing reimbursement for the charges, a written notification will be given to the student and sent to their parent(s) by the Food Service Department. The written notification will include explanation that the student has repeatedly charged meals and that if the parent/guardian fails to pay for charged meals, their child might no longer be permitted to charge. Each month, School Principals will alert their school's Social Worker who will review the circumstances that are resulting in the student not paying for meals.
8. Parents and students must be advised in writing of the Board of Education policy. Such notice shall be provided at the time applications are distributed to households.
9. As per the current practice, in lieu of the "lunch of the day", a student who exceeds the maximum allowable charges will be allowed to receive a special lunch consisting of items designated by the School District such as:
  - a) a peanut butter and jelly sandwich, a fruit and a milk
  - or
  - b) a cheese sandwich, a fruit and a milk
  - or
  - c) if the child has peanut and milk allergies (per diagnosis statement and dietary order by a licensed NYS physician), an alternative sandwich will be provided with a fruit and an alternative beverage.

The District will provide the FSMC with a copy of this policy and any future updates as may be approved by the Board of Education of the City School District of New Rochelle.