

Beverly Public Schools
Food Service Department
502 Cabot Street
Beverly, MA 01915

2009-2010 School Year

Dear Parent/Guardian:

Children need healthy meals to learn. **Beverly Public Schools** offers healthy meals every school day. **Breakfast costs \$1.50 at all levels & Lunch costs \$2.75 at the Middle and High School and \$2.50 at the Elem. 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 **ONE** application to apply for free or reduced price meals. Be sure to list each child who is attending school in Part 1. **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 your child's school or directly to the Food Service Office at 502 Cabot Street.**

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 price meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call **Emily Rockwell at 978-921-6100 Ext. 747** to see if your child(ren) qualify, 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 Food Service Department at **978-921-6100 Ext 718** 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 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, 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: **Joan Liporto at 978-921-6100 Ext. 725.**

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 **978-921-6100 Ext 718.**

Si necesita ayuda, por favor llame al teléfono: 978-921-6100 Ext 718.

Si vous voudriez d'aide, contactez nous au numero: 978-921-6100 Ext 718.

Sincerely,
Martha Jo Fritz

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR 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.

If the Child you are applying for is homeless, migrant or a runaway, check the appropriate box and contact Emily Rockwell at 978-921-6100 Ext 748. You must also complete the 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.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY 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	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case # YOU MUST WRITE THE NUMBER

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Emily Rockwell at 978-921-6100 Ext 747 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

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. 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	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<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 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: _____

Address: _____ City: _____ Zip Code: _____ Date: _____

Home Phone Number: _____ Work 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

Don't 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: _____ 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: _____ Follow-up Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year <u>2009-2010</u>			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

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 Program, 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 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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

THE PROGRAM LISTED ABOVE MAY REQUIRE ADDITIONAL FINANCIAL DOCUMENTATION



THIS FORM IS OPTIONAL

Do you or your children need health coverage?

Dear Parent,

If you or your children need health coverage, you or members of your family may be eligible for **FREE OR LOW-COST HEALTH COVERAGE** through MassHealth or the Children's Medical Security Plan (CMSP). To learn more about the free and low-cost health coverage options available for you or your children, complete this form and return it to your school. A member of Beverly Hospital will contact you to provide additional information. If you prefer, you may also contact MassHealth directly at **1-888-665-9993**.

Please fill out only one form for all family members.

Thank you.



Check all the boxes that apply:

- I would like assistance in obtaining MassHealth or the Children's Medical Security Plan for my children or other members of my family.
- I have questions about my child's MassHealth or Children's Medical Security Plan Coverage (such as how to find a doctor, what medical services are covered, and how to keep the coverage).

Please complete the following information:

I agree that school staff may give my name, address and phone number to Beverly Hospital to contact me to provide more information and/or assistance with a MassHealth/ Children's Medical Security Plan application.

	<u>Name of child</u>	<u>Child's date of birth</u>	<u>Child's school</u>
1)	_____		
2)	_____		
3)	_____		
4)	_____		

Best time of day to contact me (*circle one*): morning afternoon evening

Signature of parent/guardian _____ Date ___/___/___

Name of parent/guardian _____

Street address _____ Apartment no. _____

City _____ Zip code _____ Phone no. ____/____-_____

If you have questions, contact Joanne Kimball at Beverly Hospital at 978-922-3000, extension 2124 or via email at jkimball@nhs-healthlink.org.

Do you have a child under 5? Are you pregnant or breastfeeding?

WIC OFFERS FAMILIES

- Personalized nutrition consultations
- Checks for free, healthy food
- Tips for eating well to improve health
- Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

Call **1-800-WIC-1007**

or visit www.mass.gov/wic

Check these guidelines to see if WIC might be right for your family.

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317

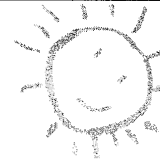
IF YOU ARE PREGNANT, YOU SHOULD COUNT YOURSELF AS TWO



GOOD FOOD and A WHOLE LOT MORE!

WIC Nutrition Program
Nutrition Division • MA Department of Public Health
TDD/TTY: 617-624-5992

This institution is an equal opportunity provider.



¿Tiene un hijo menor de 5 años? ¿Está embarazada o amamantando/lactando?

WIC OFRECE A LAS FAMILIAS

- Cupones para adquirir alimentos saludables GRATIS
- Ideas para planificar las comidas
- Ayuda para amamantar/lactar
- Referidos para recibir atención médica y dental, guardería, vivienda y otros servicios para su familia

Llame al **1-800-942-1007**

o visite www.mass.gov/wic

Verifique estas pautas para decidir si WIC es el programa adecuado para su familia.

TAMANO DE FAMILIA	ANNUAL	MENSUAL	SEMANTAL
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317

SI USTED ESTA EMBARAZADA, DEBE CONTARSE POR 2



BUENOS ALIMENTOS y MUCHO MÁS!

Programa de Nutrición WIC
División de Nutrición • Departamento de Salud Pública de MA
TDD/TTY: 617-624-5992

Esta institución ofrece igualdad de oportunidad en los servicios.

