
NORTH CAROLINA FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION AND VERIFICATION FORMS

SCHOOL YEAR 2014 - 2015

INSTRUCTIONS FOR SCHOOL DISTRICTS

This packet contains prototype forms:

Required information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application
- Notice to Households of Approval/Denial of Benefits¹ (written notification is required if household is denied)

Required information that *must* be provided to households selected for verification:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results

Optional application-related materials that *may* be provided to households:

- Sharing Information with Medicaid/SCHIP
- Sharing Information with Other Programs
- Notice to Households of Approval/Denial of Benefits¹ (written notification is optional if household is approved)
- Notice of Direct Certification

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. The **[bold, bracketed fields]** indicate where you need to insert school district specific information. For example, you must include your district's no-charge telephone number for verification assistance on the verification materials. If these materials have not been modified to include your State's name for the Food and Nutrition Services (FNS), Temporary Assistance to Needy Families (TANF), State Children's Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. This prototype application package includes information regarding the exclusion of the housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

Your State agency may require you to submit your application package for approval. If you have questions, contact:

**NC Department of Public Instruction
School Nutrition Services
301 N. Wilmington Street
6324 Mail Services Center
Raleigh, NC 27699-6324
(919) 807-3506**

¹All households must be notified of their eligibility status. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, instruction on how to appeal, and a statement that the family may re-apply for free and reduced price meal benefits at any time during the school year. Households with children who are approved for free or reduced price benefits may be notified in writing or orally.

Children's Village Academy

Child Nutrition Department

404 Dixon Street

Kinston, NC 28501

Phone: 252-520-4536 Fax: 252-939-1168

Dear Parent/Guardian:

Children need healthy meals to learn. **The Children's Village Academy** offers healthy meals every school day. Breakfast costs **\$.70**; lunch costs **\$1.45**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: **Children's Village Academy, Child Nutrition Department, Attention: Dollye Allen, 404 Dixon Street, Kinston, NC; 252-520-4536.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from FNS, formerly known as Food Stamps; The Food Distribution Program on Indian Reservations (FDPIR) or Work First or Temporary Assistance for Needy Families WF/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.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received.

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.
4. CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail: **Janice Jackson at 252-520-4536 or you can e-mail her at jdj2614@yahoo.com.**
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get reduced price 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? No, but please read the letter you got carefully and follow the instructions. Call the school at **252-520-4536** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in 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 and 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: **MELBA LOVICK AT 701 N. ADKIN STREET, KINSTON, NC 28501 252-939-1958 OR E-MAIL HER AT CHILDRENSVILLAGE@COASTALNET.COM.**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children 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 made \$1000 per month. If you normally get overtime, 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 FNS formerly known as Food Stamps or other assistance benefits, contact your local assistance office or call The Careline phone number (1-800-662-7030).

If you have other questions or need help, call **252-520-4536**.

Sincerely,

Gloria Carr-Battle, Head Mistress

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM FNS (FORMERLY FOOD STAMPS), WORK FIRST OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (WF/TANF) OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:

Part 1: List only household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) receiving FNS (FORMERLY FOOD STAMPS), WF/TANF, or FDPIR benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to the **CN Manager** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS FNS (FORMERLY FOOD STAMPS), WF/TANF, or FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **Janice Jackson at 252-520-4536**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

Turn the form in to the **CN Manager** at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to the **CN Manager** at your school.

If some of the children in the household are foster children:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **Janice Jackson at 252-520-4536**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in to the **CN Manager** at your school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **Janice Jackson at 252-520-4536**.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1– Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in to the **CN Manager** at your school.

CHILDREN'S VILLAGE ACADEMY FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2014-2015

Part 1. Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school	Child's Grade	Place a check in the box if the person has NO income	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call Janice Jackson at 252-520-4536 or you can e-mail her at jdj2614@yahoo.com to ensure the student is on the official school listing, otherwise the application process will be delayed in order to validate the status of the homeless, migrant, runaway and head start child(ren).				
				Foster	Homeless	Migrant	Runaway	Head Start

Part 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES **[State SNAP], [FDPIR] OR [State TANF Assistance]**, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ PROGRAM NAME _____

CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	X				\$150		X			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See 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. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed name: _____

Date: _____

Address: _____ Phone Number: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: *** - * * - ____ _ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian

American Indian or Alaska Native

Black or African American

White

Native Hawaiian or other Pacific Islander

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: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Eligibility: Free___ Reduced___ Denied___ Date Withdrawn: ___

Reason for denial or withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.	Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$21,590	\$1,800	\$900	\$831	\$416
	2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
	3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
	4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
	5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
	6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
	7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
	8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
	Each additional person:	\$7,511	\$626	\$313	\$289	\$145

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 Food and Nutrition Services (FNS), Temporary Assistance for Needy Families (TANF) or Work First (WF) 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.

The U.S. Department of Agriculture 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 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, 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.

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 (Spanish).

USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH MEDICAID/SCHIP

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 the State Children's Health Insurance Program (SCHIP). 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 SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP 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 SCHIP, 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.

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: _____

For more information, you may call **Dollye Allen** at **252-520-4536** or e-mail at dmmjha@yahoo.com.

Return this form to: **Children's Village Academy, Child Nutrition Department at 404 Dixon Street, NC by September 5, 2014.**

SHARING INFORMATION WITH OTHER PROGRAMS

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

-
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
 - Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

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 Dollye Allen at 252-520-4536 or e-mail at dmmjha@yahoo.com. Return this form to: **Children's Village Academy, Child Nutrition Department at 404 Dixon Street, NC by September 5, 2014.**

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **Dollye Allen** at **252-520-4536** or at dmmjha@yahoo.com. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: **Melba Lovick** _____

ADDRESS: **701 N. Adkin Street, Kinston NC 28501**

PHONE NUMBER: **252-939-1958** E-MAIL: khlovick@yahoo.com

Sincerely,

Gloria Carr-Battle

Head Mistress

June 20, 2014

Name

Title

Date

The U.S. Department of Agriculture 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 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, 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.

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 (Spanish).

USDA is an equal opportunity provider and employer.

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **FNS, FDPIR** or **WF/ TANF**.

Name of Child	Name of School

If there are other children in your household who aren't listed above, **they also qualify for free meals**. Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

Dollye Allen
252-520-4536
dmmjha@yahoo.com

Important Message to Parents: Most students that are eligible for Free school meals also qualify for one of NC's child health insurance programs, Health Check (Medicaid for Children) or NC Health Choice. For more information and to find out how to apply for health insurance benefits for your child(ren), go to: <https://epass.nc.gov>. You can also go to your local department of social services to apply in person.

Sincerely,

MELBA LOVICK, CN ADMINISTRATOR

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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, 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.

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 (Spanish). USDA is an equal opportunity provider and employer.

WE MUST CHECK YOUR APPLICATION (VERIFICATION)

You must send the information we need, or contact **Dollye Allen** by **October 15, 2014**, or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **FNS (formerly Food Stamps), WF/TANF OR FDPIR** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **FNS** or **WF/TANF** or **FDPIR** Certification Notice that shows dates of certification.
- Letter from **FNS** or **WF/TANF** or **FDPIR** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, HEAD START OR RUNAWAY CHILD, PLEASE CONTACT **Janice Jackson** at **252-520-4536** or you can e-mail her at jdj2614@yahoo.com. FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **FNS** or **WF/TANF** or **FDPIR** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: Children's Village Academy, Child Nutrition Department at 404 Dixon Street, Kinston NC 28501.**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMPENSATION: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the **WF/TANF** office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **Dollye Allen** at **252-520-4536**. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at childrensvillage@coastalnet.com.

Sincerely,

Gloria Carr-Battle

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 Food and Nutrition Services (FNS), 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.

The U.S. Department of Agriculture 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 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, 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.

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 (Spanish). USDA is an equal opportunity provider and employer.

WE HAVE CHECKED YOUR APPLICATION (VERIFICATION)

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$.40]** for lunch and **[\$.30]** for breakfast.
- Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household **FNS (formerly Food Stamps), FDPIR or WF/TANF** benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$1.50]** for lunch and **[\$.70]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **FNS, WF/TANF or FDPIR** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **Dollye Allen** at **252-520-4536**. You also have the right to a fair hearing. If you request a hearing by **October 31, 2014**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **Melba Lovick, 701 N Adkin Street, Kinston NC 28501 or 252-939-1958 or khlovick@yahoo.com**.

Sincerely,

Gloria Carr-Battle

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