

**State College Area School District  
National School Lunch/School Breakfast Program  
2014-15 Meal Benefit Application**

Dear Parent/Guardian:

Children need healthy meals to learn. The State College Area School District offers healthy meals every school day. Your child(ren) may purchase breakfast for: HS/MS - \$1.80, Elem - \$1.30 and lunch for: HS - \$2.95, MS - \$2.70, Elem - \$2.40. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. ***If you received a notice of DIRECT CERTIFICATION for free meals, do not complete an application. But do let the school know if any child in your household is not listed on the letter(s) received.*** Call 814-231-5095 if all of your children were not included on the letter(s) received or if you have questions.
2. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced Price School Meals Application for all your children who attend the State College Area School District. (A separate application is needed for students who attend a charter school or another school district.) **Return the completed application to: SCASD FSD, Attn: Megan Schaper, 650 Westerly Parkway, State College, PA 16801.** Families can also apply online for school meals and other benefits, at [www.compass.state.pa.us](http://www.compass.state.pa.us).
3. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not, 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.
4. **WHO CAN GET FREE/REDUCED MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) - even those in the household but not receiving benefits themselves - can get free meals. Your children can get free/reduced meals if your household's gross income is within the limits on the Income Eligibility Guidelines.
5. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children who 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 and should be included on the household application.
6. **CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS?** Yes, please contact the Office of Learning Enrichment and Student Services at 814-231-1054 for assistance to see if your child(ren) qualify for free meals.
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 by October 6 unless you received a letter from the school informing you that your child was direct certified for free meals.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** You may be eligible. 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 if your family size or financial circumstances change.
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: Office of Learning Enrichment & Student Services, 154 W. Nittany Avenue, State College, PA 16801, 814-231-1054.
12. **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 U.S. citizens to qualify for free or reduced price meals.
13. **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.
14. **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.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP and/or other assistance benefits, contact your local assistance office or call 1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, call: 814-231-5095.

*Si necesita ayuda, por favor llame al teléfono:* 814-231-5095.

*Si vous voudriez d'aide, contactez nous au numero:* 814-231-5095.

**Sincerely,**

Megan Schaper, SNS  
Food Service Director

# INSTRUCTIONS FOR APPLYING

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

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List the name and nine (9) digit case number of any household member (including adults) receiving SNAP or TANF benefits.
- Part 2:** Skip this part.
- Part 3:** Complete section A including ALL household members. List the child(ren)'s school they attend and grade. *Do not complete section B*
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS **HOMELESS, A MIGRANT, OR RUNAWAY AND DOES NOT** RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, call 814-231-1054.
- Part 3:** In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling Hom for homeless; Mig for migrant; or Run for a runaway. List what school they attend and their grade. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

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

**If all children in the household are foster children:**

- Part 1:** Skip this part.
- Part 2:** Skip this part
- Part 3:** In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling Fos. List what school they attend and their grade. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

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

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling Fos. To indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

ALL OTHER HOUSEHOLDS, INCLUDING **INCOME BASED AND WIC HOUSEHOLDS**, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Section A – Name:** List all household members. List the child's school and grade. For any person, including children, with no income, you must check the "No Income" box.
  - **Section B – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the **gross income**, not the pay you take-home. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *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 income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, WIC, or Federal education benefits. 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 and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.
- Part 5:** Complete this part if you choose.

**Return your completed application to: SCASD FSD, Attn: Megan Schaper, 650 Westerly Parkway, State College, PA 16801**

# 2014-2015 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

*Complete the back of this page if you would like your information shared with other school programs. Return your completed form to: SCASD FSD, Attn: Megan Schaper, 650 Westerly Pkwy, State College, PA 16801*

**PART 1. BENEFITS:** IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP (FOOD STAMPS) OR TANF CASH ASSISTANCE, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**  
 NAME: \_\_\_\_\_ CASE NUMBER:   -

**PART 2.** IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER CHILD (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN PART 3. CALL 814-231-1054 IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

**PART 3. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us who, how much and how often.

A. NAME (List all household members. Attach an additional page if needed)	Indicate if a Foster Child, Homeless, Migrant or Runaway		Child's School (Write N/A for any household members not in school)	Child's Grade	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i>												Check if NO income									
					Earnings From Work Before Deductions			Welfare, Child Support, Alimony			Pensions, Retirement, Social Security, SSI, VA Benefits			All Other Income												
	Fos.	Hom.			\$				\$				\$				\$									
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	
	Fos.	Hom.						W	E			W	E			W	E			W	E			W	E	<input type="checkbox"/>
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	
	Fos.	Hom.						W	E			W	E			W	E			W	E			W	E	<input type="checkbox"/>
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	
	Fos.	Hom.						W	E			W	E			W	E			W	E			W	E	<input type="checkbox"/>
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	
	Fos.	Hom.						W	E			W	E			W	E			W	E			W	E	<input type="checkbox"/>
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	
	Fos.	Hom.						W	E			W	E			W	E			W	E			W	E	<input type="checkbox"/>
	Mig.	Run.				T	M	A		T	M	A		T	M	A		T	M	A		T	M	A	<input type="checkbox"/>	

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)**  
 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 Use of Information Statement on the Parent/Guardian letter.)  
*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: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State:   Zip Code:       
 Phone Number:    -    -     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

**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: \_\_\_\_\_

Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_;  Categorically Eligible;  Other Source Categorically Eligible; Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature (cannot be the Determining Official): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2014-2015			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional person:	\$7,511	\$626	\$145

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

Use of Information 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 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 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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](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 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 OTHER PROGRAMS

Your information is **NOT** shared with other school programs **unless you ask us to**. To save you time and effort, the information you gave on your Free and Reduced Price Meals Application may be shared with other programs for which your children may qualify. Completing this section will not change whether your children get free or reduced price meals.

- No! I **DO NOT** want information from my School Meals Application shared with any of these programs.
- Yes! I **DO** want school officials to share information from my School Meals Application with **SCASD administrators, when applicable, for the purpose of waiving or subsidizing activity or program fees, field trip fees, and testing fees. (Not all district fees are eligible for a waiver.)**

If you checked yes, fill in your children's information below. Your information will be shared only with SCASD administrators and only for the purposes listed. (Attach a separate sheet with additional children's names if necessary.)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_