



Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals. The cost of school meals is shown below.

Breakfast will be served to those children who qualify for free and reduced-price meals at no cost. Lunches served to children who qualify for reduced-price meals in kindergarten through 3<sup>rd</sup> grade will be made available at no cost. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rate shown below.

Grade Level	REGULAR		REDUCED-PRICE	
	Breakfast	Lunch	Breakfast	Lunch
K-3	\$1.75	\$3.25	\$.00	\$.00
4-5	\$1.75	\$3.25	\$.00	\$.40
6-8	\$1.90	\$3.25	\$.00	\$.40
9-12	\$1.90	\$3.50	\$.00	\$.40

All meals meet federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance, please contact us.

Look at the chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. TOTAL HOUSEHOLD INCOME IS: The income each household member got during the last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced-price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

INCOME CHART Effective from July 1, 2009 to June 30, 2010						WHO SHOULD FILL OUT AN APPLICATION?
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	<p>If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.</p> <p><b>WHAT MUST BE ON THE APPLICATION?</b></p> <p><b>For households not getting Basic Food/TANF/FDPIR:</b></p> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Names of all household members</li> <li>• Income by source for all household members</li> <li>• Adult household member's signature</li> <li>• Social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number).</li> </ul> <p><b>For a family getting Basic Food /TANF/FDPIR:</b></p> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Basic Food, TANF, or FDPIR case number</li> <li>• Adult household member's signature</li> </ul> <p><b>For a foster child:</b></p> <ul style="list-style-type: none"> <li>• Child's name (one per application)</li> <li>• Child's personal use income</li> <li>• Adult's signature</li> </ul>
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386	
2	26,955	2,247	1,124	1,037	519	
3	33,874	2,823	1,412	1,303	652	
4	40,793	3,400	1,700	1,569	785	
5	47,712	3,976	1,988	1,836	918	
6	54,631	4,553	2,277	2,102	1,051	
7	61,550	5,130	2,565	2,368	1,184	
8	68,469	5,706	2,853	2,634	1,317	
For each Additional member add:	+6,919	+577	+289	+267	+134	

**FREE OR LOW-COST HEALTH INSURANCE**

If you would like free or low-cost health insurance for your children, call Apple Health for Kids today to request an application: **toll free 1-877-543-7669**. The health coverage may include doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You may also find information or print an application at their website: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Call or log-on today to receive more information.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

**PROOF OF ELIGIBILITY**

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

**FAIR HEARING**

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Ron Ellis, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at 425-831-8031.

**REAPPLICATION**

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**NONDISCRIMINATION**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



**PART 6: OTHER BENEFITS:** Your family may be eligible for MORE benefits. You do not have to complete this part to receive free and reduced-price meals. **CHECK AND SIGN BELOW.**

Please check the programs you would like to have your free and reduced eligibility shared with to see if your child qualifies for reduced fees. By signing below, I understand that I am waiving confidentiality for the purposes I have selected.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> After school Programs | <input type="checkbox"/> Athletic fees | <input type="checkbox"/> All-day Kindergarten Tuition |
| <input type="checkbox"/> College Bound         | <input type="checkbox"/> Field Trips   | <input type="checkbox"/> Summer School Benefits       |

Please sign here X \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Privacy Act Statement: National School Lunch Act (Section 9) - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.*

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

**LEA APPROVAL/DENIAL**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Basic Food/TANF/FDPIR Household | Total Household Size _____      |
| <input type="checkbox"/> Income Household                | Total Household Income \$ _____ |
| <input type="checkbox"/> Foster Child                    |                                 |

Income Approved by (circle one): weekly, every two weeks, twice a month, monthly, annual

**APPLICATION APPROVED FOR:**

- Free Meals  
 Reduced-Price Meals

**TEMPORARY APPROVAL FOR:**

- Free Meals  
 Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount  
 Incomplete/Missing Information  
 Other: \_\_\_\_\_

\_\_\_\_\_ Date Notice Sent \_\_\_\_\_ Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION: Verification procedures must not delay approval of application**

Date Selected for Verification		Notes:	Comments:
Date Confirmation Review Completed			
First Notice Sent			
Response Due From Household			
Second Notice Sent			
Response Due From Household (also date of termination, if no response)			

INCOME	COMMENTS	RESULTS	REASON FOR ELIGIBILITY CHANGE
\$		No Change	Income
Wage Stubs		Free to Reduced	Household Size
Written Documents		Ineligible	Did Not Respond
Collateral Contact		Reduced-Price to Free	Other:
Agency Records		Free to Paid	
Other		Reduced-Price to Paid	

Date of Change \_\_\_\_\_ Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_ Date \_\_\_\_\_