

**Millwood Public School District**  
Child Nutrition Program  
2008-2009

Dear Parent/Guardian:

The time has arrived for all households to complete National Breakfast Program and National School Lunch Program Free and Reduced applications. As stated by Dr. Griffin in the May issue of Millwood's' Communicator once received each household is strongly encouraged to complete and return the application before the first day of school. It is only through submission of a completed application that it can be determined if a household is eligible to participate in the free and reduced programs. This is most important for school year 2008-2009 as only eligible students will eat at no cost. All other students Pre-K-12 will pay full or reduced meal price. The change to a traditional program is due to the decrease in the number of students eligible to participate in the free and reduced meal programs, based on applications completed, collected and processed during the 2007-2008 school year.

If this application is not completed you will be responsible for a full priced meal for your child. As the parent or guardian you also need to be aware that your students will not be allowed to charge meals.

<b>Pre-K-8 Arts Academy</b>	<b>High School Freshman Academy</b>
<b>Breakfast</b>	
Full Pay \$1.40	\$1.70
Reduced .30	.30
<b>Lunch</b>	
Full Pay \$2.00	\$2.50
Reduced .40	.40

Multiplied by 175 days in a school year you could be spending approximately \$595.00 a school year per child.

**Please complete and return application as soon as possible.**

**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: Millwood Child Nutrition Program, 6724 Martin Luther King Ave., Oklahoma City, OK 73111. Phone Number: 405-475-1000.**

- 1. Who can get free meals?** Children in households getting Food Stamps, TANF, FDPIR, and most foster children can get free meals regardless of your income. Also, your children can get free priced meals if your income is within the free limits on the Federal Income Eligibility Guidelines Page which is attached.
- 2. Can homeless, runaway and migrant children get free meals?** Please call Denise Smith, General Manager – Millwood Child Nutrition Program, at 405-475-1000 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 3. 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 Eligibility Guidelines Page which is attached.
- 4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free and reduced price meals. Please fill out an application.
- 5. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 6. 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 started getting Food Stamps, TANF, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

7. **What if I disagree with the schools decision about my application?** You should talk to school officials. You may ask for a hearing by calling or writing to: Denise Smith, General Manager – Millwood Child Nutrition Program, 6724 Martin Luther King Ave. Oklahoma City, OK 73111. Phone Number: 405-475-1000.
8. **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.
9. **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 and friends). You must include yourself and all children living with you.
10. **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 only get it sometimes.

Look for information to follow that will keep you updated on what the Child Nutrition Program offers. If you have any questions or need help please call 405-475-1000

Sincerely,  
Denise L. Smith

Millwood Child Nutrition Program

# MILLWOOD PUBLIC SCHOOLS

## APPLICATION FOR FREE AND REDUCED-PRICE MEALS

School Year: 2008-2009

Date Received: \_\_\_\_\_

<b>Part 1. Children in School (Use a separate application for each foster child.)</b>				
Names of All Children in School (First, Middle Initial, Last)	School Name	Grade	Birth Date	Food Stamp, TANF, or FDPIR Case Number (if any). <i>Skip to Part 4 if you list a food stamp, TANF, or FDPIR case number.</i>

**Part 2: 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 4.*

<b>Part 3: Total Household Gross Income—You must tell us how much and how often</b>					
1. Name (List <i>everyone</i> in household)	2. Gross Income and How Often It Was Received				3. Check if NO Income
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
	Example: \$100/monthly	\$100/twice a month	\$100/every other week	\$100/weekly	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**Part 4: Signature and Social Security Number (Adult Must Sign):** An adult household member must sign the application. If Part 3 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 \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I do not have a social security number.

**Part 5: Children's Racial and Ethnic Identities (Optional)**

Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> 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: \_\_\_\_\_ Annual  Monthly  Household Size: \_\_\_\_\_

Categorical Eligibility:  Eligibility: Free  Reduced-Price  Denied  Reason: \_\_\_\_\_

Zero Income  Temporary Until: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

6. **OTHER BENEFITS:** You do not have to complete this part to get free or reduced-price school meals.

- Health Insurance**  Yes, I want health insurance for my children. School officials may give information from my Application for Free and Reduced-Price Meals to the Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children.
- No, I **DO NOT** want information from my Application for Free and Reduced-Price Meals shared with Medicaid or the State Children's Health Insurance Program.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only.

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

**ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS**  
185 Percent of Poverty Level

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,240	\$ 1,604	\$ 802	\$ 740	\$ 370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional family member, add:	6,660	555	278	257	129

**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 children 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, Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number for your children 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 children are 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.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly. In accordance with federal law and United States Department of Agriculture (USDA) 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 *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**Do not fill out this part. This is for school use only.**

Confirmation Review: Yes  No

Date Verification Notice Sent: \_\_\_\_\_ Response Due From Household: \_\_\_\_\_

Second Notice Sent: \_\_\_\_\_

Verification Result: No Change  Free to Reduced-Price  Free to Full-Price  Reduced-Price to Free  Reduced-Price to Full Price

Reason for Eligibility Change: Income  Household Size  Refused to Cooperate  Change in Food Stamp/TANF/FDPIR

Other: \_\_\_\_\_

Date Notice of Change Sent to Parent/Guardian: \_\_\_\_\_

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

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

## INSTRUCTIONS FOR APPLYING

### If your household gets FOOD STAMPS, TANF, OR FDPIR, follow these instructions:

**Part 1:** List children's names, schools, grades, birth dates, & food stamp, TANF or FDPIR case number

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. List your address. A social security number is not necessary.

**Part 5:** Answer this question if you choose.

**Part 6:** Other Benefits: Your children may be eligible for a **health insurance program for children (Sooner Care Benefits)**. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.

### 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, grade, and birth date.

**Part 2:** Check the box and list the child's personal use monthly income. Write ZERO if the foster child does not get personal use income.

**Part 3:** Skip this part.

**Part 4:** Sign the form. List your address. A social security number is not necessary.

**Part 5:** Answer this question if you choose.

### ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

**Part 1:** List each child's name, school, grade and birth date.

**Part 2:** Skip this part.

**Part 3:** 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, pensions, (second column) pensions, retirement Social Security (third column), and all other income sources (fourth column). In the *All Other Income* 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 4:** 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. List your address.

**Part 5:** Answer this question if you choose.

**Part 6:** Other Benefits: Your children may be eligible for a **health insurance program (Sooner Care Benefits)**. Please look at Part 6 on the Application for Free and Reduced-Price Meals if you do not have health insurance for your children.

**INCOME-ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED-PRICE MEALS  
2008-2009 SCHOOL YEAR**

This is the income scale used by

**MILLWOOD PUBLIC SCHOOLS**

(School Food Authority)

to determine eligibility for free meals.

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 13,520	\$ 1,127	\$ 564	\$ 520	\$ 260
2	18,200	1,517	759	700	350
3	22,880	1,907	954	880	440
4	27,560	2,297	1,149	1,060	530
5	32,240	2,687	1,344	1,240	620
6	36,920	3,077	1,539	1,420	710
7	41,600	3,467	1,734	1,600	800
8	46,280	3,857	1,929	1,780	890
For each additional family member, add:	4,680	390	195	180	90

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 19,240	\$ 1,604	\$ 802	\$ 740	\$ 370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
For each additional family member, add:	6,660	555	278	257	129