



August 11, 2014

Dear Parent or Guardian:

Children need healthy meals to learn. Fairfax County Public Schools (FCPS) offers healthy meals every school day. Student breakfast costs \$1.75 and lunch costs \$2.90 for elementary students, \$3.00 for middle, high, and secondary school students. Your child(ren) may qualify for free meals or for reduced price meals.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact the Office of Food and Nutrition Services at 703-813-4800 for further information.

Children who are members of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) are eligible for free meals regardless of income. Foster children who are the legal responsibility of a welfare agency or court are eligible for free meals regardless of the income of the household with whom they reside. Children who are members of households participating in WIC may also be eligible for free or reduced priced meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **YOU MUST SEND IN A NEW HOUSEHOLD APPLICATION FOR EACH SCHOOL YEAR.**

Households that are receiving SNAP benefits or TANF for their child(ren) as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by August 22, 2014 you must submit an application.** The application must contain the names of all of the students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the Office of Food and Nutrition Services, 6840 Industrial Road, Springfield, Virginia, 22151. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member must sign the application and include the last four digits of the social security number.** If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

**If you are applying for a foster child**, who is the legal responsibility of a welfare agency or court, an application is not required. Contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332 for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary, contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332 for more information.

Income Chart for Free or Reduced Price Meals  
Effective July 1, 2014 to June 30, 2015

Household Size	Annual	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
For each additional family member, add:	\$ 7,511	\$ 626	\$ 145

**An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.**

**FEDERAL INCOME GUIDELINES:** Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown above.

**OTHER BENEFITS:** Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free and reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them into either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with the Medicaid or FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 5 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

**CONFIDENTIALITY AND NOTICE OF DISCLOSURE:** School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

**VERIFICATION:** The Office of Food and Nutrition Services may check your eligibility at any time during the school year. The Office of Food and Nutrition Services may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

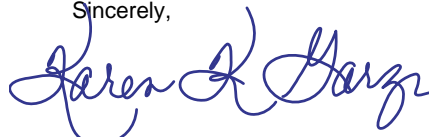
**FAIR HEARING:** If you do not agree with the decision on your application or the results of the verification, you may wish to discuss it with the coordinator, administrative services, at 703-813-4800. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling 703-813-4800, or writing Ms. Penny McConnell, RDN, director, at Office of Food and Nutrition Services, 6840 Industrial Road, Springfield, Virginia, 22151.

**REAPPLICATION:** You may reapply for free or reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

If you need help filling out the application form, please contact the Office of Food and Nutrition Services at 703-813-4800. Return the complete, signed application to: Office of Food and Nutrition Services, 6840 Industrial Road, Springfield, Virginia, 22151.

You will be notified in writing when your child(ren)'s application is approved or denied.

Sincerely,



Karen K. Garza, PH.D  
Superintendent of Schools

KKG/pm

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](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.

**Fairfax County Public Schools**  
**2014-2015 INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION**  
**FOR FREE AND REDUCED PRICE MEALS**

To apply for free or reduced price meals, complete **ONLY ONE application for ALL children in the household who are in school** using the following instructions. Sign the application and return it to: Office of Food and Nutrition Services, Fairfax County Public Schools, 6840 Industrial Rd., Springfield VA 22151. Call (703) 813-4800 if you need help.

**A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**  
**A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

**If you are applying for a Foster Child, who is the legal responsibility of a welfare agency or the court, an application is not required. Contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332 for more information. List all foster children in school in part 1 and check the box for each child indicating the child is a foster child, and complete parts 5, and 6.**

**If you are applying for a child who is homeless an application is not required. Contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332 for more information and complete parts 1, 3, 4, 5, and 6.**

**If a member of your household receives benefits from the Supplemental Nutritional Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) complete parts 1, 2, 5, and 6.**

**All other households, including WIC households, complete parts 1, 4, 5, and 6.**

**PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.**

1. Print the names of all children in the household who are in school.
2. List the birth date (MM/DD/YY), the grade, and the student's school, for each child.

**PART 2 – SNAP OR TANF: If a member of your household receives SNAP or TANF benefits complete parts 1, 2, 5, and 6.**

1. Check the box of which benefit is received.
2. List the name and case number of any household member (including adults) receiving SNAP or TANF benefits.

**PART 3 – Homeless Child: If you are applying for a child that is homeless complete parts 1, 3, 4, 5, and 6.**

1. Check the appropriate box and contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332 for more information.

**PART 4- ALL OTHER HOUSEHOLD MEMBERS AND GROSS INCOME**

1. **Name:** Write the names of everyone in your household. DO NOT include students listed in Part 1. Include yourself, all children who are **NOT** in school, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. For each household member listed write their age.
3. For any person with no income, including children, you must check the "No Income" box.
4. **Gross Income and How Often It Was Received**
  - A. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every two weeks, twice a month, monthly, or Annually.
  - B. For 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. Next to the amount darken the circle to show how often the person received it.
  - C. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits).
  - D. Under *Any Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property 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 **ONLY** the self-employed, under *Earnings from Work*, report income after expenses for your business or farm.
  - E. Military families: If you are in the Military Privatization Housing Initiative, or get combat pay, do not include these allowances as income. If you get a Basic Allowance for Housing (BAH) to live off-base this **MUST** be included as income.

**PART 5 – OTHER BENEFITS:** You do not have to provide this information in order to be eligible for free or reduced price meals. For other FCPS benefits see the FCPS Consent to Share Information for Benefits for Other Programs form.

**PART 6 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE PART 6.**

1. **An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box  I do not have a Social Security Number).**
2. If you listed a SNAP or TANF, or if you are applying for a foster child, the last four digits of the social security number are not needed.

**Privacy Act Statement:** 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 are 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 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](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.



# Fairfax County Public Schools

## 2014-2015 Confidential Household Application for Free and Reduced Price Meals

6635603942

Complete **ONE APPLICATION** per Household in Blue or Black Ink

Please read all the instructions on the back of this form before completing the application. NOTE: FAILURE TO COMPLETE ENTIRE APPLICATION WILL DELAY PROCESSING. Call (703) 813-4800 if you need help completing this form.

**1 CHILDREN IN SCHOOL** Print Name(s) of all Child(ren) that attend a Fairfax County Public School on Part 1. Include birth date(s), grade(s), and name of school.

Office Use Only Student ID #	Print Name of all Children attending Fairfax County Public Schools		Student's Birthdate		Grade	School Name	Foster child check here
	Last Name	First Name	MI	MM / DD / YY			
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

**2 SNAP or TANF** If any member of your household receives SNAP or TANF benefits, check the box and list the person's name and case number. DO NOT use 16 digit EBT card number. Complete parts 1, 2, 5, and 6.

SNAP  TANF

Name:  Case Number:

**3 HOMELESS, MIGRANT or RUNAWAY** If the child you are applying for is homeless, a migrant, or a runaway check the appropriate box and contact the FCPS Homeless Liaison/Foster Care Liaison's office at 571-423-4332. Complete parts 1, 4, 5, and 6.

Homeless  Migrant  Runaway

**4 ALL OTHER HOUSEHOLD MEMBERS NOT LISTED IN PART 1.** Do not include students listed in Part 1. Do not complete if all children are foster children, or if you listed a SNAP or TANF case number in Part 2.

**List GROSS Income before any deduction. Darken the circle to show how often income is received.**

NAMES OF ALL OTHER HOUSEHOLD MEMBERS: List all adults and OTHER children in household. Do not include students listed in Part 1.	Age	Check If No Income	Wages, Salaries and Tips, or Strike Benefits, Unemployment, Worker's Compensation, or Self-owned Business				Welfare, Child Support, Alimony				Pensions, Retirement, Social Security, Any Other Income								
			Weekly	Every 2 Weeks	Monthly	Annually	Weekly	Every 2 Weeks	Monthly	Annually	Weekly	Every 2 Weeks	Monthly	Annually					
<i>Example: Jane Smith</i>	42	<input type="checkbox"/>	\$	1	2	0	0	5	0	\$	1	2	0	0	\$	4	8	0	0
		<input type="checkbox"/>	\$							\$					\$				
		<input type="checkbox"/>	\$							\$					\$				
		<input type="checkbox"/>	\$							\$					\$				
		<input type="checkbox"/>	\$							\$					\$				
		<input type="checkbox"/>	\$							\$					\$				

**5 OTHER BENEFITS:** Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced price meals.

NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

**6 SIGNATURE & SOCIAL SECURITY NUMBER:** An adult household member must sign the application and provide the last four digits of the Social Security number before it can be approved. (See Privacy Act Statement on instructions). PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct 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 the information. I understand that if I purposely give false information, my children may lose benefits and I may be prosecuted.

X  Signature

Parent/Guardian First Name  Parent/Guardian Last Name

VA ( ) State Zip ( ) Home Phone ( ) Work Phone

X X X - X X -  Social Security Number  I do not have a Social Security Number

/ / Date Signed Address Apt # City