

2022-23 Chapel Hill-Carrboro City Schools Free and Reduced Price School Meals Household Application 750 S. Merritt Mill Rd., Chapel Hill, NC 27516 / 919-967-8211 ext 28270
 (Complete one application per household. Please use a pen.)

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.

If applicable, please CIRCLE if a CHILD/STUDENT is:
 H = Homeless
 M = Migrant
 R = Runaway
 F = Foster

NOTE: For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 1 of this booklet

| First Name | MI | Last Name | Circle One: S O | School Name | Grade | Circle One: H M R F | CHILD/STUDENT INCOME Earnings from Work | | CHILD/STUDENT INCOME from ALL OTHER Sources | | | |
|------------|----|-----------|--------------------|-------------|-------|------------------------|---|---------------------|---|------------------|---------------------|-----------------------|
| | | | | | | | GROSS Income | CIRCLE Frequency | Income | CIRCLE Frequency | | |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | | | | | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |

B. Assistance Programs

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDPIR?

NO YES

If "YES" please provide a case number (only one)

CASE NUMBER: _____

then SKIP to SECTION E

C. ADULT Household Members

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.

| First Name (Head of Household) | Last Name (Head of Household) | GROSS Income Earnings from WORK | | Public Assistance/Alimony/Child Support | | Pensions/Retirement/All Other Income | | | | |
|--------------------------------|-------------------------------|---------------------------------|---------------------|---|------------------|--------------------------------------|-----------------------|----|---------------------|-----------------------|
| | | CIRCLE Frequency | CIRCLE Frequency | CIRCLE Frequency | CIRCLE Frequency | | | | | |
| | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |
| | | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly | \$ | Weekly Bi-Weekly | Monthly Bi-Monthly |

D. Household Total and Social Security Number (SSN)

ENTER Total Number of Household Members (Children and Adults) HERE → _____

ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY) → _____

I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)

SELECT one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

E. Attestation: An adult household member must sign the application

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature: _____ Today's Date: _____ Email: _____ Address: _____

Printed Name: _____ Contact Number: _____ City: _____ State: _____ Zip Code: _____

| | | | |
|----------------------------|--|---|--|
| FOR OFFICE USE ONLY | Total Household Members: _____ | Eligibility Determination: <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Partial | Determining Official's Signature & Date: _____ |
| | Total Household Income: _____ | | |
| | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually | Reason for Denial of Eligibility: _____ | |
| | | | Verifying Official's Signature & Date: _____ |

CHAPEL HILL-CARRBORO CITY SCHOOLS FREE AND REDUCED MEAL APPLICATION 2022-2023 FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Chapel Hill-Carrboro City Schools offers healthy meals every school day. Breakfast costs \$1.50, lunch costs \$3.00 (K-5) and \$3.25 (6-12). Your children may qualify for free meals or for reduced price meals. Reduced price is .40 for lunch. This packet includes an application for free or reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application process.

- WHO CAN GET FREE OR REDUCED PRICE MEALS?**
 - All children in households receiving benefits from Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPRI) or Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF), are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Federally-funded Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? 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 Carla Smith, homeless liaison coordinator at 919-967-8211 ext 28260, csmith@chccs.k12.nc.us.
- 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: School Nutrition Office, 750 S. Merritt Mill Rd., Chapel Hill, NC 27516. Call the School Nutrition Office at 919-967-8211 ext 24006.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Debbie Koounce at 919-967-8211 ext. 28270; 750 S. Merritt Mill Rd., Chapel Hill, NC 27516; dkounce@chccs.k12.nc.us immediately.
- 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.
- 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.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
- 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.
- 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: Jonathan Scott, Chief Financial Officer for Business and Finance, 750 S. Merritt Mill Rd., Chapel Hill, NC 27516 919-967-8211 ext 28261; jscott@chccs.k12.nc.us.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. Contact: Debbie Koounce at 919-967-8211 ext. 28270; 750 S. Merritt Mill Rd., Chapel Hill, NC 27516; dkounce@chccs.k12.nc.us to receive a second application.
- MY FAMILY NEEDS MORE HELP ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Food and Nutrition Services (FNS, formerly Food Stamps) or other assistance benefits, contact your local assistance office or call The Caroline at 1-800-662-7030.

If you have other questions or need help, call 919-967-8211 ext 28270 or ext 28219. Sincerely, Andre Stewart, Deputy Chief Operations Officer, 919-967-8211 ext. 28228

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 (FDPRI) case number or other F-DBP 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender, identity and sexual orientation), disability, age, or marital or residential for other civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20-%20Complaint-Form-0508-0002-508-11-26-17frazzmail.pdf>, from any USDA office, by calling (855) 632-9932, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (853) 256-1695 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

| FEDERAL INCOME CHART | | | | | |
|---|----------|---------|-----------------|-----------------|---------|
| Effective For School Year July 1, 2022- June 30, 2023 | | | | | |
| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | \$25,142 | \$2,096 | \$1,048 | \$967 | \$484 |
| 2 | \$33,874 | \$2,823 | \$1,412 | \$1,303 | \$652 |
| 3 | \$42,606 | \$3,551 | \$1,776 | \$1,639 | \$820 |
| 4 | \$51,338 | \$4,279 | \$2,140 | \$1,975 | \$988 |
| 5 | \$60,070 | \$5,006 | \$2,503 | \$2,311 | \$1,156 |
| 6 | \$68,802 | \$5,734 | \$2,867 | \$2,647 | \$1,324 |
| 7 | \$77,534 | \$6,462 | \$3,231 | \$2,983 | \$1,492 |
| 8 | \$86,266 | \$7,189 | \$3,595 | \$3,318 | \$1,659 |
| Each additional person | \$8,732 | \$728 | \$364 | \$336 | \$168 |

Sources of Income for CHILDREN/STUDENTS

| Sources of Income | Examples |
|-------------------------------|---|
| -Earnings from work | A child has a regular full or part-time job where they earn a salary or wages |
| -Social Security | A child is blind or disabled and receives Social Security benefits |
| -Survivor's Benefits | A Parent is disabled, retired or deceased and their child receives Social Security benefits |
| -Income from any other source | A child receives regular income from a private pension fund, annuity or trust |

Sources of Income for ADULTS

| Earning from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All Other Income |
|--|---|---|
| Salary, wages, cash bonuses Net income from self-employment (farm or business) <i>-If you are in the U.S. Military</i> | -Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash Assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits | -Social Security (including railroad retirement) and black lung benefits -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Regular cash payments from outside household |
| -Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) -Allowances for off-base housing, food and clothing | | |

Income Frequency

| | |
|----------------------------------|---------------------------------|
| Weekly = Once per week | Bi-Weekly = Every two (2) weeks |
| Monthly = Once per month | Bi-Monthly = Twice per month |
| Annually = total salary per year | |