Dear Parent/Guardian:

Children need healthy meals to learn. Wilson Area School District offers healthy meals every school day. Breakfast costs $1.20; lunch costs $2.10 Elementary Students, $2.25 Intermediate and High School students. **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is $.30 for breakfast and $.40 for lunch. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter you received.

1. **WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?**
   - All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF), benefits are eligible for free meals.
   - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's 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.

   **FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021**

<table>
<thead>
<tr>
<th>Household size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,606</td>
<td>1,968</td>
<td>454</td>
</tr>
<tr>
<td>2</td>
<td>31,894</td>
<td>2,658</td>
<td>614</td>
</tr>
<tr>
<td>3</td>
<td>40,182</td>
<td>3,349</td>
<td>773</td>
</tr>
<tr>
<td>4</td>
<td>48,470</td>
<td>4,040</td>
<td>933</td>
</tr>
<tr>
<td>5</td>
<td>56,758</td>
<td>4,730</td>
<td>1,092</td>
</tr>
<tr>
<td>6</td>
<td>65,046</td>
<td>5,421</td>
<td>1,251</td>
</tr>
<tr>
<td>7</td>
<td>73,334</td>
<td>6,112</td>
<td>1,411</td>
</tr>
<tr>
<td>8</td>
<td>81,622</td>
<td>6,802</td>
<td>1,570</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>8,288</td>
<td>691</td>
<td>160</td>
</tr>
</tbody>
</table>

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

2. **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, call or email Kelly Baltz 484-373-6001 or kbaltz@wilsonareasd.org.

3. **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: Kelly Baltz.

4. **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 read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Kelly Baltz, 2040 Washington Blvd., Easton, PA 18042; 484-373-6001 or kbaltz@wilsonareasd.org immediately.

5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit Wilson Area School District or visit the PA Department of Human Services website at www.compass.state.pa.us.

6. **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 30 operating school 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.

2020-2021 SY
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. 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/or reduced-price meals if the household income drops below the income limit.

10. 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: DOUG WAGNER, 2040 WASHINGTON BLVD., EASTON, PA 18042.

11. 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.

12. 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.

13. 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. Be careful when leaving income fields blank, as we will assume you meant to do so.

14. 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.

15. 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 Kelly Baltz, 2040 Washington Blvd., Easton, PA 18042, 484-373-6001 or kbaltz@wilsonareasd.org to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call 484-373-6001.

Sincerely,

Stephanie Arnold

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at, http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) Email: program_intake@usda.gov.

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2020-2021 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name

MI

Child's Last Name

Grade

Enrolled in Head Start

Student?

Yes

No

Foster Child

Homeless

Migrant

Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 3.

If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: ____________________________

Write only one nine (9) digit case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certify ing (promising) that there is no income to report.

Name of Adult Household Members (First and Last)

Earnings from Work How often?

Weekly Bi-Weekly 2x Month Monthly Annual

Public Assistance/Child Support/Alimony How often?

Weekly Bi-Weekly 2x Month Monthly

Pensions/Retirement/All Other Income How often?

Weekly Bi-Weekly 2x Month Monthly

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of 

Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact Information and Adult Signature

MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

“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 children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date
## Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>- Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor’s Benefits</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>- Income from person outside the household</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

## Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
<th>Earnings from Work</th>
<th>Public Assistance / Alimony / Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gross Salary, wages, cash bonuses</td>
<td>- Gross Salary, wages, cash bonuses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>- Net income from self-employment (farm or business)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Worker’s compensation</td>
<td>- Worker’s compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Supplemental Security Income (SSI)</td>
<td>- Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cash assistance from State or local government</td>
<td>- Cash assistance from State or local government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unemployment benefits</td>
<td>- Unemployment benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Allimony payments</td>
<td>- Allimony payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Child support payments</td>
<td>- Child support payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Veteran’s benefits</td>
<td>- Veteran’s benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Strike benefits</td>
<td>- Strike benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): □ Hispanic or Latino □ Not Hispanic or Latino

Race (check one or more): □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

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.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted by USDA.

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- fax: (202) 690-7442; or
- email: program.intake@usda.gov

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* All Household Applications must be returned to your child’s school for processing.

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### Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

<table>
<thead>
<tr>
<th>Total Income:</th>
<th>Per:</th>
<th>Date Withdrawn:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility:</th>
<th>□ Free</th>
<th>□ Reduced</th>
<th>□ Denied Reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Categorically Eligible</td>
<td>□ Other Source Categorically Eligible</td>
<td></td>
</tr>
</tbody>
</table>

Determining Official’s Signature: __________________________ Date: ____________

Confirming Official’s Signature cannot be the Determining Official: __________________________ Date: ____________

Signature of School Employee Completing Verification: __________________________ Date: ____________