

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
NOTICE OF FREE OR REDUCED PRICE MEAL POLICY

INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND WILL NOT BE USED TO DOCUMENT ILLEGAL IMMIGRANTS.

INCOMPLETE, ILLEGIBLE AND INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS. PLEASE PACK A LUNCH OR GIVE YOUR CHILD MONEY TO PURCHASE MEALS UNTIL THE APPLICATION IS PROCESSED.

Dear Parent/Guardian:

Broward County Public Schools serve nutritious meals every school day. All meals served meet nutrition standards set by the U.S. Department of Agriculture. Students may buy breakfast for \$1.10 in Elementary and \$1.20 in Middle and High School. Lunch may be bought for \$1.90 in Elementary, \$2.25 in Middle and \$2.40 in High School. Children may also be eligible for free or reduced price meals. Reduced price meals are \$0.30 for breakfast and \$0.40 for lunch. Meal prices at Charter schools may differ from Broward County Schools' meal prices. Please check with your child's charter school for their meal prices, as they may be different. If your child has been determined by a doctor to be handicapped and it prevents them from eating the regular school meal, the school will make reasonable substitutions as prescribed by a doctor.

You may apply at any time during the school year for free or reduced price meals for your children by completing this application and returning it to the school. To avoid a delay in the processing of the application, answer all the questions on this form. An application which does not contain total household income, the names of all household members, a signature and Social Security Number of the adult household member completing this application or state that the household member does not have one cannot be processed. Households with children who are members of currently certified SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) households may submit applications with abbreviated information. Your child does not have to be a U.S. Citizen in order to qualify for free or reduced price meals. You will receive written notification of your household meal eligibility within ten school days of receipt of the application. If you do not agree with the district's decision, you may wish to discuss your application with a member of our staff. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling the Food and Nutrition Office at 754-321-0250 or outside of Broward County at 1-866-754-2973. You may also request a hearing by writing to the Director of Food and Nutrition Services, 7720 West Oakland Park Boulevard, Sunrise, Florida, 33351.

In certain cases foster children are eligible for free or reduced price meals regardless of the income of the household with whom they reside. If you have foster children living with you and wish to apply for meals for them, check the foster child box on this application. Complete a separate application for each foster child per the directions below.

Children in households participating in WIC may be eligible for free or reduced price meals, but need to complete an application to receive benefits.

If you are Homeless, a Runaway or Migrant please call the School Board of Broward County Homeless/Runaway Liaison at 754-321-2494 or Migrant Coordinator at 754-321-1414 to obtain information on receiving free meals.

If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. Deployed service members are considered a part of the household and should be included on the application. The service member will be counted as a part of the household when determining the student's eligibility. Only the portion of their income that is made available to the family should be listed next to their name.

Your child's meal eligibility is good for the entire school year. If you are not eligible now and during the school year there is a decrease in your family income, an increase in household size, you begin receiving SNAP or TANF, or you become unemployed, you may be eligible for free or reduced price meals. Contact your child's school or the Food and Nutrition Office at 754-321-0250 for an application at any time.

The information on this form can be shared with Medicaid or Florida KidCare Programs and will not affect your child's eligibility for free or reduced price meals. If you would like information about health insurance for your child, call 954-467-4885 or 954-467-8737 for assistance in Spanish.

The information you give on this application is confidential and will only be used for the purpose of determining eligibility for free and reduced price meals. At any time during the school year this information may be checked by an assigned verification official. You will receive written notification if your application is selected for verification.

PRIVACY ACT STATEMENT: The disclosure of a Social Security Number is voluntary; however, a Social Security Number or an indication of "none" is required for approval of the application. The Social Security Number is required under provisions of the Richard B. Russell National School Lunch Act (NSLA). The Social Security Number is not required when you apply on behalf of a foster child or you list a SNAP or TANF or FDPIR (Food Distribution Program on Indian Reservations) case number or other FDPIR identifier for your child. We will use your information to determine if your child is eligible for free or reduced meals and for administration and enforcement of the breakfast and lunch 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.

NON- DISCRIMINATION STATEMENT: In accordance with Federal law, and US Department of Agriculture 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.

INCOME THAT MUST BE REPORTED

Income means money earned **before** deductions such as income taxes, employee's Social Security taxes, insurance premiums, bonds etc. **Income includes, but is not limited to:**

Earnings from work: wages, salaries, tips, commissions, net income from self-owned business and farms, strike benefits, unemployment compensation and worker's compensation. **Welfare / child support / alimony:** public assistance payments, welfare benefits (TANF, General Assistance, General Relief etc.), alimony or child support payments. **Retirement / disability benefits:** pensions, retirement income, veteran's benefits, Social Security, supplemental Social Security income, disability benefits. **Any other income:** net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trusts and/or investments, regular contributions from persons not living in the household, and any other money that may be available to pay for the child's meals.

HOW TO COMPLETE THIS APPLICATION

Student Number: A 10-digit, unique State Identification Number assigned to your child as an enrollment identifier in the Broward County School System. **Location Number:** A 4-digit, unique number assigned to each school location. These numbers will ensure benefits are assigned to the correct student. You can obtain the student number and location number from the school, your child's report card envelope or school schedule. Please obtain this number before submitting the application.

<u>INCOME - COMPLETE ONLY 1 APPLICATION</u>	<u>SNAP/TANF - COMPLETE ONLY 1 APPLICATION</u>	<u>FOSTER CHILD - COMPLETE 1 APPLICATION FOR EACH CHILD</u>
<p>PART 1: Check any boxes that apply.</p> <p>PART 2: List student number, full name, birth date, grade and school location number of all students attending Broward County Schools. List student's gross income and frequency or check the "No Income" box if none.</p> <p>PART 3: List all adults and children who live in the house that are not listed in Part 2. List each household member's income and frequency or check the "No Income" box if none. Self-employed or seasonal workers may use the yearly income frequency.</p> <p>PART 4: Indicate the adult household member's Social Security number or check the box that they do not have one.</p> <p>PART 5: Optional, you do not have to provide the following information. Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.</p> <p>PART 6: The adult who completed the application must sign in the box and date the form. Please fill in all contact information.</p>	<p>PART 1: Check any boxes that apply.</p> <p>PART 2: List student number, full name, birth date, grade and school location number of all students attending Broward County Public Schools. Include the 10 digit SNAP case number beginning with the number 1 next to each student who receives the benefit.</p> <p>PART 3: Skip this part.</p> <p>PART 4: Skip this part.</p> <p>PART 5: Optional, you do not have to provide the following information. Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.</p> <p>PART 6: The adult who completed the application must sign in the box and date the form. Please fill in all contact information.</p>	<p>PART 1: Check the Foster Child box</p> <p>PART 2: List student number, full name, birth date, grade, and school location number for the student. Enter any personal use income and the frequency or check the "No Income" box if none.</p> <p>PART 3: Skip this part.</p> <p>PART 4: Skip this part.</p> <p>PART 5: Optional, you do not have to provide the following information. Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.</p> <p>PART 6: The adult who completed the application must sign in the box and date the form. Please fill in all contact information.</p>