



# EDMONDS SCHOOL DISTRICT

FOOD SERVICE DEPARTMENT  
 20420 68TH Ave. W., Lynnwood, WA 98036-7400  
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## 2009-2010 National School Lunch Program and School Breakfast Program

Dear Edmonds School District Families:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served to those children who qualify for free and reduced-price meals at no cost. Lunches served to children who qualify for reduced-price meals in kindergarten through 3rd grade will be made available at no cost. All other students (preschool and 4th—12th grades) will be charged the rate shown below.

Regular Price			Reduced Price		
Grade Level	Breakfast	Lunch	Grade Level	Breakfast	Lunch
K-6	\$1.50	\$2.95	K-3	\$0.00	\$0.00
7-12	\$1.75	\$3.75	4-12	\$0.00	\$0.40

All meals meet federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance, please contact us.

Look at the Chart below. Find your household size. Find your total household income. If members in the household are paid at different frequencies and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

Foster children may be eligible for free and reduced-priced meals regardless of your income. Each foster child needs their own application. If you have questions about applying for meal benefits for foster children, please contact us.

INCOME CHART					
Effective from July 1, 2009 to June 30, 2010					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,554	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each Additional Member Add:	+6,919	+577	+289	+267	+134

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children.

HOUSEHOLD INCOME is considered to be the income each household member receives before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income.

## Who should fill out an application?

If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to your child's school or to the District office. (20420 68th Ave W, Lynnwood, WA 98036) Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied.

## What must be on the application?

### For a family getting Basic Food/TANF/FDPIR:

- Child's name
- Basic food, TANF, or FDPIR case number
- Adult Household member's signature

### For a foster child:

- Child's name (one per application)
- Child's personal use income
- Adult's signature

The information that you give will be used to determine or prove your child's eligibility for free or reduced-price meals.

### For households NOT getting Basic Food/TANF/FDPIR

- Child's name
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Social security of the adult household member who signs the application, (or check the "I do not have a Social security number" box if the adult signing does not have a social security number)

## Department of Social & Health Services Match

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the Child's first name, last name, middle initial and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U.S. Department of agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

## Basic Food — Find Out If You Qualify

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. You may qualify for Basic Food even if you do not qualify for Free or Reduced-Price lunch because Basic Food eligibility goes up to 200 percent of the Federal Poverty Level, whereas the National School Lunch Program stops at 185 percent. And, if you qualify for reduced-price lunch, you should apply for Basic Food because your children may be automatically eligible for free meals at school. There are other benefits too. You can learn about Basic Food by calling 1-877-514-FOOD or by logging on to [http://foodhelp.wa.gov/basic\\_food.htm](http://foodhelp.wa.gov/basic_food.htm).

## Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

## Free or Low-Cost Health Insurance

If you would like free or low-cost health insurance for your children, call Apple Health for Kids to request an application: toll free 1-877-543-7669. The health coverage may include doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You may also find information or print an application at their website: <http://hrsa.dshs.wa.gov/applehealth/index.shtml>. Call or log-on today to receive more information.

## Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at the time.

## Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with **Marla Miller**, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school district at this number **425-431-7080**.

## Nondiscrimination

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, sex, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 895-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

filled out an application in 2008-09

**EDMONDS SCHOOL DISTRICT #15 SCHOOL YEAR 2009-10  
HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE-MEALS  
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**



**1. PLEASE COMPLETE SIGN AND RETURN** this application to your school lunchroom or mail it to the address on the application. List all Edmonds School District students living with you except foster children. (See section 3) Each foster child should have their own application. For Basic Food, TANF or FDIPIR you must use your client ID number as your case number. Make sure to indicate all children that use this same number.

STUDENT NAME			DATE OF BIRTH	SCHOOL	GRADE	BASIC FOOD CASE/CLIENT ID	TANF CASE/CLIENT ID	FDPIR CASE/CLIENT ID
LAST	MI	FIRST						
1.								
2.								
3.								
4.								

**2. LIST ALL HOUSEHOLD MEMBERS**, including students from section 1. Write the amount of income (MONEY BEFORE DEDUCTIONS) each person now gets on the same line as his/her name and where it comes from, such as earnings, welfare, pensions, or other. In addition indicate how often income is received (weekly; every two weeks; twice a month; monthly). If you do not have income, the "No Income" box **MUST** be check. Do NOT include foster children.

NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING STUDENTS ABOVE			EARNINGS FROM WORK (Before Deductions)		Welfare Payment, Child Support, Alimony (List Amount/How Often)	Pensions, Retirement, Social Security Pmts. (List Amount/How Often)	Other Forms of Revenue (List Amount/How Often/Where From)	Check if NO Income
LAST NAME	MI	FIRST NAME	Job 1 (List Amount/How Often)	Job 2 (List Amount/How Often)				
1.								<input type="checkbox"/>
2.								<input type="checkbox"/>
3.								<input type="checkbox"/>
4.								<input type="checkbox"/>
5.								<input type="checkbox"/>
6.								<input type="checkbox"/>

FOSTER CHILD'S NAME	CHILD'S PERSONAL USE INCOME (List Amount/How Often)	SCHOOL	GRADE

**3. FOSTER CHILD:** List the foster child in the space provided and write the child's personal use income. If foster child has no income, write "0". One child per form.

**4. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported and/or the Basic Food, TANF or FDIPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.



\_\_\_\_\_  
SIGNATURE OF ADULT HOUSEHOLD MEMBER

\_\_\_\_\_  
DATE

\* An adult household member must sign this application before it can be approved.

\* If you listed a Basic Food, TANF, or FDIPIR number for your child, or are applying for a foster child, a social security number is not needed.

PRINTED NAME OF ADULT HOUSEHOLD MEMBER	MAILING ADDRESS, INCLUDE APT.#	HOME TELEPHONE NUMBER
SOCIAL SECURITY NUMBER (or) <input type="checkbox"/> I do not have a Social Security Number.	CITY, STATE, AND ZIP CODE	WORK TELEPHONE NUMBER



**5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)**

Mark one or more racial identities:

- Asian
- White
- Black, or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**6. HEALTH INSURANCE AND OTHER BENEFITS**

If you would like information on free or low-cost health insurance for your kids, call 1-877-543-7669.

**Dear Parent/Guardian:**

Did you know that families who qualify for the "free and reduced-price meal program" may be eligible to receive reduced fee rates and/or scholarships for certain programs? However, the District cannot use this data without your authorization for specific programs.

The programs listed below may use meal eligibility for qualifying a family for reduced rates. Please mark the box by the program(s) you wish to share your eligibility status with and sign below certifying that you understand and are allowing the District to release this information to the programs checked on this form.

(Check all that are applicable.)

- Participation Fees for Sports
- School Field Trips
- Outdoor Education
- Class Fees for Supplies
- SAIL Program
- College Bound Scholarship Program
- Other \_\_\_\_\_  
(Please List)

STUDENT: LAST NAME / FIRST NAME	SCHOOL

By signing below, I authorize the use of information contained on this application for my child(ren) listed on the front of this document for the purpose of obtaining information on the programs I have checked above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RETURN TO: Edmonds School District Food Service Department**  
**20420 68th Ave W, Lynnwood WA 98036-7400**  
**(or) FAX TO: 425-431-7075**

**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 child 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 Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for you 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.

**SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

**LEA APPROVAL/DENIAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

Income Approved by: weekly every two weeks twice a month monthly annual  
(circle one)

**TEMPORARY APPROVAL FOR:**

- Free Meals
- Reduced-Price Meals

Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION APPROVED FOR:**

- Free Meals
- Reduced-Price Meals

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date