

Dear Parent/Guardian,

Children need healthy meals to learn! Walton County School Nutrition offers healthy meals every school day. Breakfast costs \$1.50, lunch costs between \$2.40 and \$2.90 depending on the school. Your children may qualify for free or reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits and detailed instructions. Below are some common questions and answers.

1. WHO CAN GET FREE MEALS? All children in households receiving SNAP or TANF benefits are eligible for free meals; foster children who are 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; also, children can receive free or reduced price meals if your household's income is within the free 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.

**Application is on  
the reverse side of  
this sheet.**

FEDERAL INCOME CHART For School Year 2020-2021			
Household Size	Annual	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,421	\$1,251
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Each additional household member, add:	+ \$8,288	+ \$691	+ \$160

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, please call the Walton County Central Office (770-266-4520) and ask for the Homeless Liaison.
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 form to your School Nutrition Manager or lunchroom.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the School Nutrition office (770-266-4431) if you have questions or if any children in your household were not listed.
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. Call the SNP office if you have questions (770-266-4431). You can find the online application at [www.walton.k12.ga.us-->departments-->School Nutrition](http://www.walton.k12.ga.us-->departments-->School Nutrition).
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 the first 30 school days. You must send in a new application unless you received a letter stating your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child(ren) will be charged the full price for meals.
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. Please 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 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 may also ask for a hearing by calling or writing to Mr. George Underwood, Asst. Superintendent for Operations, 1820 Hwy 11, Monroe, GA 30656, 770-266-4428.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U. S. CITIZEN? Yes. You or your children do not have to be U. S. citizens to qualify 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 \$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. If you only work overtime sometimes, don't include it. If you lost your job or had your hours or pay 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, please write a 0 in the field. If any income fields are left empty or blank, they will also be counted as zeroes. Please 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 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 Donna Coleman at 770-266-4431 to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS FOR WHICH WE MIGHT APPLY? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-877-423-4746.

If you have other questions or need help, call 770-266-4431. Si necesita ayuda, por favor llame al teléfono 770-266-4431.

Sincerely,

Susan E. Elsner, M.Ed., SNS

School Nutrition Director, Walton County School District

"This institution is an equal opportunity provider."

If you received a letter stating your child is Direct Certified, you do not need to complete this application. Please complete only one application per household

**\*\*\* Your family is responsible for all charges and purchases until this application is approved. \*\*\***

**STEP 1: List all household members who are children. Include infants, children, and students up to and including grade 12. List adults in Step 2, part B.**

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, and Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's first name	Child's last name	School & Grade	Student ID (if known)	Mark if foster child. If all are foster children, skip to part 4 & sign.	Mark if Homeless, Migrant, or Runaway
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

**STEP 2: Do any household members (including you) currently participate in one or more of the following: SNAP or TANF?** Yes  No   
 If you answered YES, write a case number in the blank and continue to STEP 4 (skip STEP 3) **CASE # IS REQUIRED:** \_\_\_\_\_  
 If you answered NO, continue to STEP 3.

**STEP 3: Report Income for all household members below in parts A and B. (Skip this step if you answered "yes" in Step 2.)**

Please read How to Apply for Free and Reduced Price Meals for more information. The Sources of Income for Children chart will help you with the Child Income question. The Sources of Income for Adults chart will help with the All Adult Household Members section.

Part A: Child Income: Sometimes children in the household earn income. Include the TOTAL income earned by all children listed in STEP 1 here. Enter whole dollars only. Mark the frequency.	Child Income (whole \$)				Weekly	Biweekly	2xMonth	Monthly
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part B: All Adult Household members (including yourself). List household members not listed in STEP 1, even if they do not receive income. If a household member receives income, list total income from each source in whole dollars only. If no income, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.	Earnings from work before deductions	Weekly			Welfare, child support, alimony	Weekly			Pensions, Retirement, SSI, Social Security, VA Benefits	Weekly			All other types of income	Weekly		
		Every 2 weeks	2 x monthly	Monthly		Every 2 weeks	2 x monthly	Monthly		Every 2 weeks	2 x monthly	Monthly		Every 2 weeks	2 x monthly	Monthly
(Example) Jane Smith	\$199	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	\$180	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (children & adult):   Last four digits of the Social Security Number (SSN) of the Primary Wage Earner or other adult household member     Mark if no SSN

**STEP 4: Contact information and adult signature**

"I certify (promise) that all information on this application is true and 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 benefits and I may be prosecuted under applicable State and Federal laws."

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Children's ethnic and racial identities (optional). We are required to ask about your children's race and ethnicity. This information is important and helps to make sure that 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.

Choose one ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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**DO NOT fill out this part. This is for office use only.** Annual income conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12  
 Household size: \_\_\_\_\_ Total income: \_\_\_\_\_ Per  Week  Every 2 weeks  2x per month  Monthly  Year  
 Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced Price: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason:  Exceeds Income  Incomplete  Other  
 Date withdrawn: \_\_\_\_\_ Date returned: \_\_\_\_\_  
 Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_ Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Your family is responsible for all charges and purchases until this application is approved. \*\*\***

\*Your family is responsible for charges from the beginning of school until the application is approved.

\*Free and reduced price meal benefits apply to both lunch AND breakfast.

\*Free and reduced price meal benefits only apply to full meals. All customers, regardless of status, must pay for extras (such as extra food items, extra milk, or partial meals). Students determined eligible for free or reduced price benefits do not get extras for free or at a reduced price.

\*Contact the School Nutrition office (770-266-4431) if (1) a student in your family received free or reduced price benefits last year, AND (2) you have enrolled a new student (most commonly in kindergarten).

\*Our goal is to process all new applications in ten (10) days or less from when we receive your application. Do not hesitate to call and check on your application.

\*You will receive written or emailed notice regarding the outcome of your application – either an approval or denial letter. No response indicates that we have not received or processed your application. Please call our office to check if you are concerned.

\*Questions? Call School Nutrition right away at 770-266-4431.

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL DELAY PROCESSING AND MEAL BENEFIT DETERMINATION. BE CERTAIN TO SIGN THE APPLICATION IF REQUIRED.

Use these instructions as you fill out the application for free or reduced price meals. You only need to submit one application per household, even if your children attend more than one WUSD school. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow the instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Donna Coleman (770-266-4431) or by email: donna.coleman@walton.k12.ga.us.

### **HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS**

**STEP 1:** LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12. Tell us how many infants, children, and school students live in your household. They do not have to be related to you to be part of your household.

- List each child's name. List the school, grade, and ID number (if known) for each child.
- Mark if any of the children are foster children. If you are applying for both foster and non-foster children, go to STEP 3. If you are *only* applying for foster children, skip to STEP 4 after completing STEP 1 of the application and follow these instructions.
- Mark if you believe any of the children are homeless, migrant, or runaway. Complete all steps of the application.

**STEP 2:** DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN SNAP OR TANF? MARK YES OR NO.

If anyone in your household participates in SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families), your children are eligible for free meals.

- If no one in your household participates in SNAP or TANF, mark NO and skip to STEP 3. Leave the rest of STEP 2 blank.
- If *anyone* in your household participates in SNAP or TANF, mark YES and provide a case number for SNAP or TANF. You only need to write one case number. You **must** provide a case number on your application if you marked yes. If you do not know your case number, contact the Walton County DFCS office (770-207-4000). Go to STEP 4.

**STEP 3:** REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**Part A: Report all income earned by children.** Refer to the chart titled "Sources of Income for Children".

- Report the combined gross income in the box marked "Total Child Income" for **all** children listed in STEP 1 in your household.
- Only count foster children's income if you are applying for them with the rest of your household. It is optional for the household to list foster children living with them as part of the household.
- **WHAT IS CHILD INCOME?** Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report and be sure to report gross income:

Sources of child income	Example
Earnings from work	A child has a job where they earn a salary or wage.
Social Security Disability OR Survivor's Benefits	A child is blind or disabled and receives Social Security benefits. OR A parent is disabled, retired, or deceased and their child receives their Social Security benefits.
Income from persons <i>outside</i> the household.	Someone <i>regularly</i> gives a child spending money.
Income from any other source.	A child receives income from a private pension fund, annuity, or trust.

**Part B: All Adult Household Members (including yourself).** When filling out this section, please include **all** members of your household who are living with you and share income and expenses, *even if not related and even if they do not receive income of their own*. Do **not** include people who live with you but are not supported by your household's income and who do not contribute income to your household. Also do not list children and students already listed in step 1. If a child has income, follow the instructions in STEP 3, Part A.

- Use the chart in this section to determine if your household has income to report. Report all amounts in **gross income** only. Report income in whole dollars, do not include cents. Gross income is not your "take home pay". Gross income is the total received **before** taxes or deductions (such as insurance premiums, parking fees, or other amounts taken from your pay).
- Write a "0" in any field where there is no income to report. Any income fields left empty or blank will be counted as zero. *If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have knowledge or available information that your household income was reported incorrectly, your application will be verified for cause.* If you are self-employed, you will report your net income (this is calculated by subtracting the total operating expenses of your business from the gross receipts or revenue). Mark how often each type of income is received in the circles to the right.
- Report income from Public Assistance/Child Support/Alimony. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported. Informal, but regular, payments should be reported as "other" income.

- Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" and report all income that applies (next page).
- Report total household size: enter the total number of household members. This number **MUST** be equal to the number of household members listed in STEP 1 (children) and STEP 3 (adult household members). If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members because the size of your household determines your eligibility for free or reduced price meals.
- Provide the last four digits of your Social Security number. An adult household member must enter the last four digits of his/her Social Security number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security number.** If no adult household members have a Social Security number, leave this space blank and mark the box to the right labeled "Mark if no SS#."

SOURCE OF INCOME FOR ADULTS		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirements/All Other Income
Salary, wages, cash bonuses NET income from self-employment (farm or business) Strike benefits	Unemployment benefits Worker's Compensation Supplemental Security Income Cash assistance from state or local government	Social Security (including RR retirement and black lung benefits) Private pensions or disability Income from trusts or estates
<b>If you are in the U. S. Military:</b> Basic pay and cash bonuses Allowances for off-base housing, food, and clothing <i>Do not include combat pay, FSSA, or privatized housing allowance</i>	Alimony payments Child support payments Veterans' benefits	Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

- **All applications must be signed by an adult member of the household.** By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, make sure you have also read the privacy and civil rights statements included.**
- Provide your contact information. Write your current address in the field(s) provided. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Telephone numbers and email addresses are optional, but are helpful if we need to contact you quickly.
- Sign and print your name in the blanks provided. We cannot process an application without a signature.
- Write today's date in the space provide.
- Share the children's racial and ethnic identities (optional). This field is optional and does not affect your children's eligibility for free or reduced price meals.

**PRIVACY ACT INFORMATION:** 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) or Food Distribution on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member 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.

**NON-DISCRIMINATION STATEMENT:** 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

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