



Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

Mary Ellen N. Dunn.
Assistant Superintendent for Finance and Business

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Dear Parent/Guardian:

Children need healthy meals to learn. The Lexington Public Schools offer healthy meals every school day. Breakfast costs \$2.00. Lunch costs \$3.25 for elementary, middle and high school. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40.

- Do I Need to Fill Out An Application For Each Child?** No. Complete the application to apply for free or reduced price meals. *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: Debbie Harvey, Lexington Public Schools, 146 Maple Street, Lexington, MA 02420/(P) 781-861-2563 X215.
- Who Can Get Free Meals?** All children in households receiving benefits from MA SNAP, or MA TANF, can get free meals regardless of your income. Also, your children can get free meals if your household's gross 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 within the limits on this chart.

ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS EFFECTIVE JULY 1, 2011

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$14,157	\$1,180	\$273	\$20,147	\$1,679	\$388
2	19,123	1,594	368	27,214	2,268	524
3	24,089	2,008	464	34,281	2,857	660
4	29,055	2,422	559	41,348	3,446	796
5	34,021	2,836	655	48,415	4,035	932
6	38,987	3,249	750	55,482	4,624	1,067
7	43,953	3,663	846	62,549	5,213	1,203
8	48,919	4,077	941	69,616	5,802	1,339
Each add'l member	+4,966	+414	+96	+7,067	+589	+136

Computing Current Income: The preferred method to evaluate income is to annualize all income.
Annual Income Calculation Figure:

= Weekly Income X 52
= Bi-Weekly Income (every 2 weeks) X 26
= Semi-Monthly Income (Twice a month) X 24
= Monthly Income X 12

- Can Foster Children Get Free Meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- Can Homeless, Runaway, and Migrant Children Get Free Meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call the Lexington Public Schools Homeless Coordinator at 781-861-2490 X231 to see if they qualify.
- WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
- Should I Fill Out An Application If I Received A Letter This School Year Saying My Children are approved for Free Meals?** Please read the letter you got carefully and follow the instructions. Call the Business Office at 781-861-2563 X215 if you have questions.
- My Child's Application Was Approved Last Year. Do I Need to Fill Out Another 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 Child(ren) Get Free Meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. **Will the Information I Give Be Checked?** Yes and we may also ask you to send written proof.
10. **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.
11. **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: Mary Ellen Dunn, Lexington Public Schools, 146 Maple street, Lexington, MA 02420, 781-861-2563 X215, mdunn@sch.ci.lexington.ma.us.
12. **May I Apply if Someone in My Household Is Not a U.S. Citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **Who Should I Include as Members of My Household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **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.
15. **We Are In The Military. Do We Include Our Housing Allowance As Income?** If you get an off-base housing allowance, 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.
16. **My Spouse Is Deployed To A Combat Zone. Is His/Her Combat Pay Counted As Income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **My Family Needs More Help. Are There Other Programs We Might Apply For?** To find out how to apply for MA SNAP or other assistance benefits, contact the Department of Transitional Assistance SNAP Benefits Hotline at 1-866-950-FOOD (3663) or <http://www.mass.gov/snap>. The [Town of Lexington Human Services Community Resource Guide](http://www.lexingtonma.gov/humanservices/resourceguide01.19.11.pdf) is available at <http://www.lexingtonma.gov/humanservices/resourceguide01.19.11.pdf>. Paper copies are also available at Cary Memorial Library, the Human Services Department and the Lexington Senior Center.

If you have other questions or need help, call (781) 861-2563 x215.
Si necesita ayuda, por favor llame al teléfono: (781) 861-2563 x215.

Sincerely,

Mary Ellen Dunn
Assistant Superintendent for Finance and Business

MED/dh

Attachment

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 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. 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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

A household member is any child or adult living with you.

If your household receives benefits from MA SNAP, or MA TANF follow these instructions:

Part 1: List all household members and the name of school for each child.

Part 2: List the case number for any household member (including adults) receiving **MA SNAP, or MA TANF** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS MA SNAP, or MA TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the LPS **Homeless Coordinator at 781-861-2490 X231.**

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the LPS **Homeless Coordinator at 781-861-2490 X231.** If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call LPS Homeless Coordinator at 781-861-2490 x231. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This

is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer, this question if you choose.

Confidentiality Notice

Your information is strictly confidential. Your application will only be viewed by Lexington Public School employees assigned with administering the program. These individuals are: the building principal who will process the application and his/her secretary, the assistant superintendent for finance and business who oversees the program, and the business office administrative assistant who inputs eligibility data for approved applications into our student data base. Our food service program will only receive a list of eligible names; no financial information is disclosed to this program.

In order to share your eligibility with other programs, the reverse side of this year's application contains a disclosure application. Please be sure to complete this side of your application.

The following chart lists programs, the extent of information that may be disclosed (only eligibility status or all eligibility information), and whether the program may have access to children's eligibility information without parental consent or with out the opportunity to decline the disclosure.

Recipient of Information	Information that May be Disclosed to Recipient	Required Notification and Consent
Child Nutrition Programs under the National School Lunch Act or Child Nutrition Act	All eligibility information	Prior notice and consent not required
Federal/State or local means tested nutrition programs with eligibility standards comparable to the NSLP	Eligibility status only	Prior notice and consent not required
Federal education programs	Eligibility status only	Prior notice and consent not required
State education programs administered by a State agency or local education agency	Eligibility status only	Prior notice and consent not required
<i>Local education programs</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Medicaid or the State children's health insurance programs (SCRIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act to identify and enroll eligible children</i>	All eligibility information, unless parents elect not to have information disclosed	Must give prior notice to parents and opportunity for parents to decline to have their information disclosed
<i>State health programs other than Medicaid/iSCHIP, administered by a State agency or local education agency</i>	Eligibility status only	Prior consent not required
<i>Federal health programs other than Medicaid/iSCHIP</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Local health program</i>	NO eligibility information, unless parental consent is obtained	Must obtain parental consent
<i>Comptroller General of the United States for purposes of audit and examination</i>	All eligibility information	Prior notice and consent not required
<i>Federal, State or local law enforcement officials investigating alleged violations of any of the programs under the NSLA and CNA or investigating violations of any of the programs that are authorized to have</i>	All eligibility information	Prior notice and consent not required