

KINGSTON CITY SCHOOL DISTRICT

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David M. Fletcher, DMD
President - Board of Education

Gerard M. Gretzinger
Superintendent of Schools

July 2008

Dear Kingston Parents and Guardians:

Your child is extremely important to all of us in the Kingston School District. We are concerned with the total development of all children. We know that children perform better in classrooms and in all other aspects of their lives when they have proper nutrition, necessary for the healthy growth of their minds and bodies. Therefore, we provide breakfast and lunch in our schools every day.

You will be pleased with the quality of our breakfast and lunch programs. We invite all students to show their support for their school food service program through frequent participation, by having a healthy breakfast and lunch at school every day.

Pricing for the 2008-2009 school year for breakfast will be one dollar (\$1.00), lunch prices will be one dollar and ninety-five cents (\$1.95) for elementary students and two dollars and twenty cents (\$2.20) for secondary students.

Many households are eligible for free and reduced meals due to Federal financial supplements. We want as many families as possible to qualify for free and reduced meals to bring more Federal dollars into our community and to enable us to serve more children at little or no cost. Therefore, if you believe you might qualify as per the attached guidelines, please apply. If you are in need of another application please visit www.kingstoncityschools.org for a printable application that you can fill out, sign and send to the Food Service Department or send to school with your child to give to Food Service Personnel.

ALL children in the qualifying household receive the benefit of the free or reduced meals. This benefit can mean a huge savings for Kingston families. Don't miss out on this financial opportunity!

Foster children may be eligible for free or reduced meals. Families who receive food stamps or other such assistance are almost automatically eligible. Some students with disabilities whose dietary requirements require menu modifications are also eligible for assistance. You will also be pleased to know that all information will be kept confidential. Other parents, students or unauthorized school personnel will not be aware that your family is participating in this free or reduced meal program.

If you think you might be eligible, we urge you to apply. We will do everything we can to assist you.

We would also like to encourage you to sample the breakfast or lunch menu yourself. School food service has come a long way from the meals you probably had when you went to school. The cost for adult meals is two dollars for breakfast (\$1.85 plus tax) and three dollars and twenty five cents (\$3.01 plus tax) for lunch. Simply call your school ahead of time to make arrangements to have a good tasting and nutritional breakfast or lunch.

Please contact your school's food service staff or Mr. Edward Carelli, who heads the district's food service program, at **338-2260** at any time. By working together, your child will enjoy the meals that contribute to a healthy mind in a healthy body.

Sincerely,

Gerard M. Gretzinger
Superintendent of Schools

KINGSTON SCHOOL DISTRICT

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

Food Stamp/TANF/FDPIR case number:

This must be the complete number supplied to you by the agency including all numbers and letters, for example, E 123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your number or contact them for your number. **This number is not on your benefit card.** All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers.

Direct Certification:

If you receive food stamps or TANF, send in the Direct Certification Letter from the NYS Office of Temporary and Disability Assistance instead of completing the application.

Foster Child:

A child who is living with a family but who is under the legal care of the welfare agency or court. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending, allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household:

A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members:

All related and non-related people who are 21 years of age and older living in your house.

Financially Independent:

A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by family/household.

Gross Income:

Is money earned or received by each member or your household before deductions. Examples of deductions are Federal tax, State tax, and Social Security deductions. See back for examples of gross income.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of food stamps)
- Public Assistance payments
- Adoption assistance
- Strike benefits
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

If you have more than one job, you must list the income from all jobs.

If you receive income from more than one source (wage, alimony, child support, etc.) you must list the income from all sources.

Current Income:

Your income at the present time **before deductions**. Farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months.

Income Exclusion:

The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program

If you have any questions or need help filling out the application form, please contact:

*Ed Carelli, Food Service Director
Kingston City School District
118 Merilina Ave.
Kingston, NY 12401
(845) 338-2260.*

COMPLETE ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

____ F ____ R ____ D
Temp Free Expires _____
45 Days

FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to _____. Call _____ if you need help. For additional names, list on a sheet of paper.

1. CHILDREN IN SCHOOL: (Complete a separate application for each foster child.)

Children's Names (Last, First, MI)	Grade/Teacher	School

2. FOSTER CHILD: If the above named child is the legal responsibility of a welfare agency or court, check this box.
List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF): Complete this section and sign the application in Part 5 OR submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, **not the number on your benefit card.**
Food Stamp Case #: _____ TANF/FDPIR Case #: _____

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples	<u>CURRENT INCOME/PAY PERIOD</u> Examples: \$100.29/weekly, \$100.29/bi-weekly, \$100.29/2x per month, \$100.29/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
List the names of everyone in your household	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

5. SIGNATURE: An adult household member MUST sign the application before it can be approved.
I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: _____ **DATE:** _____ **SOCIAL SECURITY #** _____ - _____ - _____

Home Telephone _____ Work Telephone _____ Mailing Address _____ Zip Code _____

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application **must** provide his/her Social Security number.

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS):
WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; MONTHLY X 12

FOOD STAMP, TANF, Foster Child
 INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____
 Application APPROVED for: Free Meals Reduced Price Meals
 Temporary Free (expires in 45 days) ___/___/___ Application DENIED
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions.. Sign the application and return the application to _____ . Please complete a separate application for **each** foster child. Call the school if you need help: _____ . Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
 - (2) List their grade and school.
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PART 2 HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5. A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- (1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. **SKIP PART 4.** Do not list any other children, household members or income, or a social security number.
 - (2) A foster parent or other official representing the child must sign the application in PART 5.
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PART 3 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5. COMPLETE A SEPARATE APPLICATION FOR A CHILD/CHILDREN WITH A DIFFERENT CASE NUMBER.

- (1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
 - (2) An adult household member must sign the application in PART 5. **SKIP PART 4.** Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.
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PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
 - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly, monthly, 2 x per month.** Changes in income during the school year no longer need to be reported.
 - (3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
 - (4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.
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OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.