

**SAVANNAH-CHATHAM COUNTY
PUBLIC SCHOOL SYSTEM
(SCCPSS)
SCHOOL NUTRITION PROGRAM
(SNP)**

Dear Parent/Guardian:

CHILDREN NEED HEALTHY MEALS TO LEARN. Savannah-Chatham County Schools offer healthy meals every school day. **Children may buy breakfast for \$1.00 (all grade levels); and lunch for (K-8) \$2.00 and (9-12) \$2.25** Your child(ren) may qualify for free meals or reduced price meals. **Reduced price is \$0.30 for breakfast and \$0.40 for lunch.**

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete only one meal 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. **Instructions are listed on the back of this letter. Return the completed application to: School Nutrition Program, 208 Bull Street, Room 308, Savannah, GA 31401.**

2. WHO CAN GET FREE MEALS? All children in households receiving benefits from SNAP or 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.

3. 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.

4. 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 or e-mail (school, homeless liaison or migrant coordinator 912-395-1092) to see if they may qualify.

5. WHO CAN GET REDUCED PRICE MEALS? Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on the back of the meal application.

6. 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 School Nutrition Office, 395-1066 or 395-1232, if you have any questions.

7. 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 Nutrition Office told you that your child is eligible for the new school year.

8. 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 anytime 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.

11. WHAT IF I DISAGREE WITH THE SCHOOL NUTRITION'S DECISION ABOUT MY APPLICATION? You should talk to the School Nutrition Officials. You may also ask for a hearing by calling (912) 395-5542, or by writing Otis Brock, Chief Operations Officer, 208 Bull Street, Room 307, Savannah, GA 31401.

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 \$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, 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 his/ her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact the School Nutrition Office for more information.

17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-869-1150.

If you have other questions or need help, call: (912) 395-1066 or 395-1232; Si necesita ayuda, por favor llame al teléfono: (912) 395-1066 or 395-1232. Si vous voudriez d'aide, contactez nous au numero: (912) 395-1066 or 395-1232.

Sincerely,
Altheria Maynard
School Nutrition Program Director

2011- 2012 MEAL APPLICATION INSTRUCTIONS

The meal application will be SCANNED. IT IS VERY IMPORTANT THAT YOU FILL OUT THE MEAL APPLICATION CORRECTLY. MISTAKES WILL DELAY PROCESSING. ONLY USE BLACK OR DARK BLUE INK. IF YOU USE ANY OTHER COLOR OF INK, OR IF THE APPLICATION IS TORN OR SOILED, IT WILL BE RETURNED TO YOU (IT CAN NOT BE SCANNED. If you need help filling out the meal application, call the School Nutrition Office at 395-1066 or 395-1232. Return the meal application to the School Nutrition Program, 208 Bull Street, Rm.308, Savannah, Georgia, 31401.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP OR TANF, FOLLOW THESE INSTRUCTIONS:

- a. Complete **PART 2:** List the Student's name and school code (**listed on the back of the meal application**).
- b. Complete **PART 3:** List the name and case number of ANY household member (including adults) receiving SNAP OR TANF benefits.
- c. **SKIP TO PART 5:** Sign the form. **You do not need to list the last four digits of your Social Security Number.**

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

- a. Complete **PART 1:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box, and call your school, homeless liaison, migrant coordinator at (912) 395-1092.
- b. Complete **PART 2:** List the student's name and school code (**listed on the back of the meal application**). Complete **PART 4 ONLY if a child in your household isn't eligible under PART 1.** See instructions for ALL Other Households.
- c. Complete **PART 5:** Sign the form. **The last four digits of your Social Security Number are not necessary if you didn't need to fill in PART 4.**

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

- a. **If ALL children in the household are foster children:** Complete **PART 2.** List all foster children and the school code (**listed on the back of the meal application**). Check the box indicating the child is a foster child.
- b. Skip **PART 3** and **PART 4;** Complete **PART 5:** Sign the form. **You do not need to list the last four digits of your Social Security Number.**
- c. **If SOME of the children in the household are foster children:** Complete **PART 2.** List the student's name and school code (**listed on the back of the meal application**). Check the No Income box if the child has no income. Check the Foster Child box if the child is a foster child.
- d. Complete **PART 1** if any of the children listed is homeless, migrant, or a runaway; or **PART 3** if anyone in the household receives SNAP or TANF.
- e. Complete **PART 4:** List the names of all other household members and their income. Check the No Income box if no income is received.
- f. Complete **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 he/she doesn't have one).**

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

- a. Complete **PART 2:** List the student's name and school code (**listed on the back of the meal application**). Check the No Income box if the child has no income.
- b. Complete **PART 4:** List the names of all other household members and their income. Check the No Income box if no income is received. For each household member that receives income, 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 get for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), 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, TANF, 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, TANF, WIC or Federal education benefits. If you are in the Military Privatization Housing Initiative or get combat pay, do not include these allowances as income.
- c. Complete **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 he/she doesn't have one).**

2011-2012 School Meals Family Application SAVANNAH / CHATHAM COUNTY PUBLIC SCHOOL SYSTEM

USE BLACK OR DARK BLUE INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

1 If the child you are applying for is a homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison migrant coordinator at 912- 395-1092. Homeless Migrant Runaway

STUDENTS ATTENDING SAVANNAH / CHATHAM COUNTY PUBLIC SCHOOLS

| Check if a Foster Child <input type="checkbox"/> | Print Name for ALL Students Attending Savannah Public Schools | | | Birthdate | | | Grade | School Code (See Back) | Check Box if No Income <input type="checkbox"/> | STUDENT'S Gross Income | | | |
|--|---|----|-----------|-----------|---|---|-------|------------------------|---|------------------------|--------------------------|--------------------------|---------------------------|
| | First Name | MI | Last Name | M | D | Y | | | | How Often ? | Income | | |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Monthly Every Other WkO |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Weekly Twice A Month |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Monthly Every Other WkO |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Weekly Twice A Month |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Monthly Every Other WkO |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Weekly Twice A Month |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Monthly Every Other WkO |
| <input type="checkbox"/> | | | | | | | | | | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Weekly Twice A Month |

3 Print the Name of ANY HOUSEHOLD MEMBER receiving SNAP or TANF benefits. Name _____ SNAP or TANF Case # _____

4 List other members of the household not attending Savannah/Chatham Public Schools

| Print first and last name of all adults and children | Check Box if No Income <input type="checkbox"/> | Earnings from Work Before Deductions | | | Welfare, Child Support/Alimony | | | Retirement / Social Security | | | All Other Income | | |
|--|---|--------------------------------------|--------|--------------------------|--------------------------------|--------------------------|-------------|------------------------------|-------------|--------------------------|------------------|--------------------------|--|
| | | How Often ? | Income | Income | How Often ? | Income | How Often ? | Income | How Often ? | Income | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE →

Adult Household Member Last four digits of Social Security #

* * * * - * * * -

*See Privacy Act Statement on reverse side
 If you do not have a Social Security Number mark this box →

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that the School Nutrition Program may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

ADULT HOUSEHOLD MEMBER MUST SIGN HERE X

Today's Date

Address _____ City _____ Zip _____ Daytime Phone _____ Home Phone _____
 Return to the School Nutrition Program, 208 Bull Street, Room 308, Savannah, GA 31401

Your child/children may qualify for *FREE*
or *REDUCED PRICE MEALS* if your household
income falls at or below the limits on this chart.

Savannah-Chatham County School Codes

| HOUSEHOLD SIZE | WEEKLY | MONTHLY | YEARLY |
|----------------------------------|--------|---------|--------|
| 1 | 388 | 1,679 | 20,147 |
| 2 | 524 | 2,268 | 27,214 |
| 3 | 660 | 2,857 | 34,281 |
| 4 | 796 | 3,446 | 41,348 |
| 5 | 932 | 4,035 | 48,415 |
| 6 | 1,067 | 4,624 | 55,482 |
| 7 | 1,203 | 5,213 | 62,549 |
| 8 | 1,339 | 5,802 | 69,616 |
| FOR EACH ADDITIONAL PERSON | +136 | +589 | +7067 |

| | | | | | |
|------|---------------------|------|---------------|------|-----------------------|
| 5050 | BARTLETT | 4056 | HAVEN | 0110 | SCH OF LAW & CRIM JUS |
| 1052 | BARTOW | 1058 | HEARD | 0210 | SCHOOL OF LIB STUDIES |
| 2052 | BEACH | 4058 | HESSE | 6595 | SCOTT |
| 4052 | BLOMMINGDALE | 5058 | HODGE | 0511 | SHUMAN ELEM |
| 5052 | BUTLER | 1060 | HOWARD | 5066 | SMITH |
| 0109 | COASTAL EMPIRE MONT | 2060 | HUBERT | 0300 | SOUTHWEST ELEM |
| 6404 | COASTAL GA COMP | 0411 | ISLANDS | 0299 | SOUTHWEST MID |
| 0311 | COASTAL MID | 3060 | ISLE OF HOPE | 2068 | SPENCER |
| 6193 | CORP ACAD | 5060 | JENKINS | 2069 | THUNDERBOLT |
| 0201 | DERENNE | 0101 | JOHNSON | 0200 | WEST CHAT ELEM |
| 6509 | EARLY COLLEGE | 2062 | LARGO TIBET | 0199 | WEST CHAT MID |
| 0191 | EAST BROAD | 3062 | LOW | 1070 | WHITE BLUFF |
| 4054 | ELLIS | 0298 | MARSHPOINT | 4070 | WINDSOR ELEM |
| 1056 | GADSDEN | 5062 | MERCER | 5070 | WINDSOR HIGH |
| 0197 | GARDEN CITY | 0301 | MYERS | 0100 | WOODVILLE/TOMPKINS |
| 0192 | GARRISON | 0400 | OGE LTHORPE | | |
| 0194 | GEORGETOWN | 3064 | POOLER | | |
| 0211 | GODLEY STATION | 4068 | PT WENTWORTH | | |
| 2056 | GOULD | 5064 | PULASKI | | |
| 3056 | GROVES | 0499 | SAVANNAH ARTS | | |

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 that 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 to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 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."