

Bath County Schools



2009-2010



405 WEST MAIN STREET

OWINGSVILLE, KY 40360

(606) 674-6314

FAX (606) 674-2647

Student Name: _____ **School:** _____

Dear Parents:

Bath County School District takes part in the National School Lunch Program/National Breakfast Program. Meals are served every school day.

*If you now get Food Stamps or Kentucky transitional Assistance (K-TAP) for your child can get free lunch/breakfast.

*If your total household income is at or below the amounts on the Income Chart, your child may get free or reduced price/breakfast.

*If you have a foster child, that child may be eligible for benefits regardless of your income.

*Migrant students, Homeless students, and students from WIC households may be eligible for free meals.

*Military housing allowance, if a part of the Military Housing Privation Initiative, is not to be included as a part of your housing allowance income.

Applications must be filled out and sent back with each student, at his or her school. We offer assistance in filling out these forms, please contact the Food Service Director for additional information.

If you have any questions, comments or concerns please feel free to contact me at (606) 674-6314 Ext. 640. Vickie Wells, School Food Service Director

Signature of Parent/Guardian: _____

Date Application Received: _____



LETTER TO HOUSEHOLDS

National School Lunch Program/School Breakfast Program

Dear Parent/Guardian:

The Bath County School/District takes part in the National School Lunch Program/National School Breakfast Program. Meals are served every school day. Children may buy lunch for \$1.25 and breakfast for \$.50. Meals are also available free or at a reduced price of \$.40 for lunch and \$.30 for breakfast.

- *If you now get Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) or Kentucky Transitional Assistance (K-TAP) for your child, your child can get free lunch/breakfast.
- *If your total household income is at or below the amounts on the Income Chart, your child may get free or reduced price lunch/breakfast.
- *If you have a foster child, that child may be eligible for benefits regardless of your income.
- *Migrant students, Homeless students, and students from WIC households may be eligible for free meals.
- *Military housing allowance, if a part of the Military Housing Privatization Initiative, is not to be included as a part of your housing allowance income.

INCOME CHART FOR FREE/REDUCED PRICE MEALS (Effective from July 1, 2009 to June 30, 2010)

| Household Size | Annual | Month | Week |
|---------------------------------------|--------|-------|-------|
| 1 | 20,036 | 1,670 | 386 |
| 2 | 26,955 | 2,247 | 519 |
| 3 | 33,874 | 2,823 | 652 |
| 4 | 40,793 | 3,400 | 785 |
| 5 | 47,712 | 3,976 | 918 |
| 6 | 54,631 | 4,553 | 1,051 |
| 7 | 61,550 | 5,130 | 1,184 |
| 8 | 68,469 | 5,706 | 1,317 |
| For each additional family member add | +6,919 | +577 | +134 |

HOW TO APPLY

To get free/reduced price meals for your child, carefully complete the application and return it to the school. If you now get SNAP (Food Stamps) or K-TAP for your child, the application must have the child's name, your SNAP or K-TAP case number and the signature of an adult household member. If you do not list a SNAP or K-TAP case number, the application must have the names of everyone in the household, the amount of monthly income each household member now gets, where it comes from, the Social Security number of the household member who signs the application or the word "none" if the member does not have a Social Security number. An application that is not complete cannot be approved.

OTHER INFORMATION

***VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free or reduced price meals.

***FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by calling or writing the following official:

NAME: _____ PHONE: _____

ADDRESS: _____

***CONFIDENTIALITY:** The information that you give will be used to determine eligibility for free or reduced price meals and may, if you choose to let us share it, be used to determine eligibility for **Health Insurance** for your child under Medicaid or the Children's Health Insurance Program (CHIP). If you do not want us to share the information for that purpose check "NO" in Part 4 and sign the name of a parent/guardian.

***REAPPLICATION:** You may apply for free or reduced price meals at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or K-TAP for your child, fill out an application at that time.

****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 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.****

You will be notified when the application is approved or denied.

Sincerely,

Report any of this income that you received last month.

| | | | |
|--|---|--|--|
| <p><u>Gross Income From Work</u> Wages/salaries/tips Strike benefits Unemployment compensation Workers' compensation Net income from self-owned business or farm</p> | <p><u>Welfare/Child Support/Alimony</u> Public assistance payments Welfare payments Alimony payments Child support payments</p> | <p><u>Pensions/Retirement/Social Security</u> Pensions Retirement income Social Security Veteran payments Supplemental security income</p> | <p><u>Other Income</u> Earnings from second job Disability benefits Interest/dividends Cash withdrawn from savings Income from estates/trusts/investments Regular contributions from persons not living in the household Royalties/annuities/rental income Any other monies that may be available to pay for child's meals</p> |
|--|---|--|--|

APPLICATION INSTRUCTIONS for SCHOOL YEAR 2009-2010

To apply for free and reduced price meals/milk, complete the application using the instructions for your household. Sign the application and return the application to the school. Call Vickie Wells if you need help at # 606-674-6314 ext. 640

PART 1 STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

1. Print the name(s) of the child(ren) you are applying for.
2. List the child(ren's) grade, school and teacher.

HOUSEHOLDS GETTING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (FORMERLY FOOD STAMPS) OR K-TAP: COMPLETE THIS PART AND PART 3.

1. List a current SNAP (food stamp) or K-TAP case number for the child.
2. Sign the application in PART 3. An adult household member must sign. SKIP PART 2. Do not list names of household members or income if you list a SNAP (food stamp) or K-TAP case number for the child.

HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 3. A foster child is the legal responsibility of the welfare agency or court.

1. List the foster child's monthly "personal use" income. Write "-0-" if the foster child does not get "personal use" income. SKIP PART 2. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the application in PART 3.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 2 ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household, whether they get income or not. Include yourself, the child 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 income each household member got last month, before taxes or anything else is taken out, and where it came from, such as income from work, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. An adult household member must sign the application and give his/her social security number in PART 3.

PART 3 SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If you listed a food stamp or K-TAP number for your child, or if you are applying for a foster child, a social security number is not needed.

PART 4 Medicaid or K-CHIP BENEFITS: Unless you tell us not to, we may share the information on this application with Medicaid and Kentucky Children's Health Insurance Program (K-CHIP) officials. They may use the information to determine if your child is eligible for Medicaid or K-CHIP benefits, such as health insurance, and may contact you with additional information. If you do not want us to share the information on this application with those officials for that limited purpose, check "No" and sign as the parent or guardian. You are not required to complete this part in order for your child to receive free or reduced price meals.

PART 5 RACIAL and ETHNIC IDENTITY: Complete the racial and ethnic identity part if you wish. **You are not required to complete this part to get free or reduced price meals.** We need this information to make sure that everyone is treated fairly.

Report any of this income that you received last month.

Gross Income From Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workers' compensation
Net income from self-owned business or farm

Welfare/Child Support/

Alimony

Public assistance payments
Welfare payments
Alimony payments
Child support payments

Pensions/Retirement/

Social Security

Pensions
Retirement income
Social Security
Veteran payments
Supplemental security income

Other Income

Earnings from second job
Disability benefits
Interest/dividends
Cash withdrawn from savings
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Royalties/annuities/rental income
Any other monies that may be available to pay for child's meals

HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS

Bath County High School Vickie Wells 606-674-6314 ext. 640

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call

| Part 1 – Student Information | | | | | FOSTER/CHILD INFO. ONLY | |
|---|---------------------------|-------|---------------------|--|----------------------------|--------------------------------------|
| NAME OF CHILDREN ENROLLED (First Name, Last Name) | Social Security Number | GRADE | SCHOOL ATTENDING | K-TAP or SNAP (Food Stamp) Case Number (If you receive both, list K-TAP Case Number) | Foster Child (X) | Child's Personal use Income |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

ALL OTHER HOUSEHOLDS

| PART 2 – LIST ALL HOUSEHOLD MEMBERS | GROSS MONTHLY INCOME BEFORE DEDUCTIONS If you did not write a SNAP (formerly Food Stamps) or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application | | | |
|--|---|--|---|------------------------------|
| NAME | Earnings from work (before deductions) | Welfare Payments, Child Support, Alimony | Pensions, Retirement, Social Security | All Other Income Received |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the SNAP or K-TAP 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.

| | |
|--|-------------------------------------|
| ✍ X _____ ✍ X _____ | _____ |
| SIGNATURE OF ADULT HOUSEHOLD MEMBER | Social Security Number |
| _____ ✍ X _____ | _____ ✍ X _____ |
| Printed Name of Adult Household Member | Date Signed |
| _____ ✍ X _____ | _____ ✍ X _____ |
| Mailing Address/Apt. Number | Home Telephone # / Work Telephone # |
| _____ ✍ X _____ | _____ ✍ X _____ |
| Mailing Address/Apt. Number | City/State/Zip Code |

PART 4 – Medicaid or K-CHIP Benefits – This section does not need to be completed to receive free or reduced price meals.

We may share your information with Medicaid or the Kentucky Children’s Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line below. NO

| | |
|------------------------------|-----------------|
| ✍ X _____ ✍ X _____ | _____ ✍ X _____ |
| SIGNATURE OF PARENT/GUARDIAN | DATE |