Dear Parent/Guardian:

Children need healthy meals to learn. North Allegheny School District offers healthy meals every school day. Breakfast costs $1.25 at participating schools; lunch costs $2.45 elementary/$2.85 secondary. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is $0.30 for breakfast and $0.40 for lunch. This packet includes an application for free and reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the NOTICE OF DIRECT CERTIFICATION letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?
    - All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
    - Foster children who are under 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.
    - Children may receive free or reduced price meals if your household's income is within the 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.

INCOME ELIGIBILITY REDUCED PRICE GUIDELINES JULY 1, 2022-JUNE 30, 2023					
Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional family member add:	8,732	728	364	336	168

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, call (412) 369-5440.

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 application to: Jaimie Nichols, NASD, 400 Hillvue Lane, Pittsburgh, PA 15237.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact Jaimie Nichols at (412) 369-5440 or jnichols@northallegheny.org immediately.

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. Visit https://www.schoolcafe.com or visit the PA Department of Human Services website at www.compass.state.pa.us.

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 for the first 30 operating school 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.

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. 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 and/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 also may ask for a hearing by calling or writing to: Superintendent of Schools, North Allegheny School District, 200 Hillvue Lane, Pittsburgh, PA 15237.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply 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 $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.

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, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. 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 also 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 Jaimie Nichols, 400 Hillvue Lane, Pittsburgh, PA 15237, (412) 369-5440, or jnichols@northallegheny.org to receive a second application.

16. 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, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call (412) 369-5440.

Sincerely,

Jaimie Nichols

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS or SPECIAL MILK PROGRAM

Use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your children attend more than one school in North Allegheny School District.</u> The application must be filled out completely to certify your children for free or reduced-price school meals. Follow these 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, contact Jaimie Nichols at jnichols@northallegheny.org or (412) 369-5440.

USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

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 a part of your household.

Who should I list here? When filling out this section, include ALL members in your household who are:
- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending North Allegheny School District, <u>regardless of age.</u>

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Is the child a student at North Allegheny SD? Mark 'Yes' or 'No' under the column titled "**Student**" to tell us which children attend North Allegheny SD. If you marked 'Yes,' write the grade level of the student in the '**Grade**' column to the left.	C) Do you have any foster children? If any children listed are foster children, mark the "**Foster Child**" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "**Homeless, Migrant, Runaway**" box next to the child's name and <u>complete all steps of the application.</u>

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:
- The Supplemental Nutrition Assistance Program (SNAP).
- The Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above listed programs:	B) If anyone in your household participates in any of the above listed programs:
- Leave **STEP 2** blank and go to **STEP 3**.	- Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office. - Go to **STEP 4**.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?
- Use the charts titled **"Sources of Income for Adults"** and **"Sources of Income for Children"** printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received, using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) **Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your 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.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?
- When filling out this section, include ALL adult members in your household who are living with you and share income and expenses, <u>even if they are not related and even if they do not receive income of their own</u>.
- *Do NOT include:*
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children, and Students already listed in **STEP 1.**

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in **STEP 1**</u>. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**	**C) Report earnings from work.** Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. *What if I am self-employed?* Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.	**D) Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart</u>. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.
E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.	**F) Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number MUST be equal to the number of household members listed in **STEP 1** and **STEP 3**. 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, as the size of your household affects your eligibility for free and reduced-price meals.	**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their 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 "Check if no SSN."

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, also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	**B) Print and sign your name.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."	**C) Write today's date.** In the space provided, write today's date in the box.	**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

2022-2023 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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

Child's First Name	MI	Child's Last Name	Grade (Enter HS for Head Start)	Student? Yes	No	Foster Child	Homeless, Migrant, Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 3.   **If YES >** Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: ___ ___ ___ ___ ___ ___ ___ ___ ___
Write only one nine (9) digit case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "**Sources of Income**" for more information.

The "**Sources of Income for Children**" chart will help you with the Child Income section.

The "**Sources of Income for Adults**" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.
If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly	Annual	Public Assistance/Child Support/Alimony	Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) [ ]

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member | X X X | X X | [ ] [ ] [ ] [ ]   **Check if no SSN** ☐

STEP 4 Contact Information and Adult Signature   MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

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

Street Address (if available) _____   Apt # _____   City _____   State _____   Zip _____   Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____   Signature of adult _____   Today's date _____

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages

- Social Security
  • Disability Payments
  • Survivor's Benefits
	- A child is blind or disabled and receives Social Security benefits
	- A parent is disabled, retired, or deceased, and their child receives Social Security benefits

- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Gross Salary, wages, cash bonuses - Net income from self-employment (farm or business) * **Reporting Annual Income is allowable for seasonal or self-employment** If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

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OPTIONAL   **Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure 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.

Ethnicity (check one): ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian or Other Pacific Islander   ☐ White

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SCHOOL USE ONLY – DO NOT FILL OUT

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income:_____ Per : ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Monthly, ☐Yearly,   Household Size:_____ Date Withdrawn:_____

Eligibility: ☐ Free   ☐ Reduced ☐ Denied Reason:_____ ☐ Categorically Eligible   ☐Other Source Categorically Eligible   Determining Official's Signature: _____ Date:_____

Confirming Official's Signature (cannot be the Determining Official):_____Date:_____ Signature of School Employee Completing Verification: _____Date:_____