

PRESS (MEDIA) RELEASE

SENT TO MARICOPA MONITOR AND MOBILE ESD WEBSITE(WWW.MOBILEESD.ORG)

Mobile Elementary School District No.86 will be participating in the [National School Lunch Program and/or the School Breakfast Program]. As part of this program, **Mobile Elementary School** will offer healthy meals every school day. Breakfast will cost **\$1.00**; lunch will cost **\$2.75**. Your children may qualify for free or reduced-price meals. Reduced-price meals cost [**\$0.30** for breakfast and [**\$ 2.75** for lunch.

Qualifications for children to receive free or reduced price meals include: belonging to a household whose income is at or below the Federal Income Eligibility Guidelines, belonging to a household that receives public assistance, or if the child is homeless, migrant, runaway, foster, or participates in a Head Start or Even Start pre-Kindergarten program.

Household size and income criteria are used to determine eligibility for free and reduced-price benefits if the household does not receive assistance or the children are not in the other categories mentioned above. Children can get free or reduced-price meals if the household's gross income falls at or below the limits on the Federal Income Eligibility Guideline chart.

Federal Eligibility Income Chart for School Year 2018-2019						
Household Size	FREE			REDUCED-PRICE		
	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,782	1,316	304	\$22,459	\$1,872	\$432
2	21,398	1,784	412	\$30,451	\$2,538	\$586
3	27,014	2,252	520	\$38,443	\$3,204	\$740
4	32,630	2,720	628	\$46,435	\$3,870	\$893
5	38,246	3,188	736	\$54,427	\$4,536	\$1,047
6	43,862	3,656	844	\$62,419	\$5,202	\$1,201
7	49,478	4,124	952	\$70,411	\$5,868	\$1,355
8	55,094	4,592	1,060	\$78,403	\$6,534	\$1,508
Each additional person:	+5,616	+468	+108	+\$7,992	+\$666	+\$154

To apply for free or reduced-price meals, households can fill out the application and return it to the school unless the household has already received notification that their children are approved for free meals this year. Application forms are being distributed to all households with a letter informing households of the availability of free and reduced-price meals for their children and what is required to complete on the application. Applications also are available **in the Mobile Elementary School office**.

Only one application is required for all children in the household and the information provided on the application will be used for the purpose of determining eligibility and verification of data. Applications may be verified at any time during the school year by the school or other program officials. An application for free or reduced-price benefits cannot be approved unless it contains complete eligibility information as indicated on the application and instructions. In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability.

Families can apply for benefits at any time. If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the Federal Guidelines. Contact **the Food Service Manager** at any time to request an application.

Under the provisions of the free and reduced-price policy, **the Food Service Manager** will review applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. Parents wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to Superintendent r. Kit Wood 42798 S. 99th Avenue Maricopa Az 85139.

When known to **Mobile Elementary School District** households will be notified of their children's eligibility for free meals if they are members of households receiving assistance from the:

- Supplemental Nutrition Assistance Program (SNAP);
- Food Distribution Program on Indian Reservations (FDPIR); or
- Temporary Assistance for Needy Families (TANF), if the State program meets Federal standards.

An application is not required for free meal benefits for Assistance Program participants and all of the children in the household are eligible for free meal benefits. If any children were not listed on the notice of eligibility, or if a household does not receive a notice of eligibility, the household should contact the school to have free meal benefits extended to them. Participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) may be eligible for free or reduced-price meals, but they will need to turn in an application including household size and total income.

When known to Mobile Elementary School district households will also be notified of any child's eligibility for free meals if the individual child is considered "Other Source Categorically Eligible", because the child is categorized, as defined by law as:

- Foster
- Homeless,
- Migrant,
- Runaway,
- Enrolled in an eligible Head Start, or
- Enrolled in an eligible pre-kindergarten class.

If any children were not listed on the notice of eligibility, the household should contact the school about their eligibility through the list above, or should submit an income application.

Households notified of their children's eligibility must contact the school if the household chooses to decline the free meal benefits.

For more information, you may call **Tonia Crew** at **(520) 568-2280** or e-mail at **kwood2mobileesd.org**.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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2018-2019 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (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.

Child's First Name	MI	Child's Last Name	School Name

Homeless, Migrant, Runaway	Foster Child
<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"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3

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

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income	How often?		
	Weekly	Bi-Weekly	2x Month
	<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"/>

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income 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)	GROSS Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
	\$	<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"/>	<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"/>

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check if no SSN

STEP 4

Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

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.

Signature of adult completing the form _____ Today's date _____

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free Reduced Denied Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Household Size: _____ Par: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

Error Prone

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives 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
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

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

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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