

NOTE: You are responsible for payment of meals until your application is approved.

Dear Parent/Guardian:

Children need healthy meals to learn. Volusia County Schools under the jurisdiction of the county school board participate in the National School Lunch Program. Some schools offer after-school meals and/or snacks at no cost. Check with your child(ren)'s school. This school year breakfast is complimentary for all Volusia County Schools. Lunch prices: K-8 = \$2.00; 9-12 = is \$2.25. Reduced-price = \$.40 (all grades). Eligibility determinations are valid for the entire school year.

1. Complete one application for all students in your household. We cannot approve an incomplete application. Return the completed application to any school your child(ren) attends. If you need more space to list students on the application, contact School Way Café (contact info below).
2. Households with members certified to receive SNAP/TANF benefits may submit applications with limited information. See "Instructions for Applying" below. Free meal benefits will be extended to all children in a household when the application lists the SNAP/TANF number.
3. Children in households participating in WIC may be eligible for meal benefits. Please complete an application.
4. We may ask you to send written proof of the information submitted on the application at any time during the school year.
5. Parent/Guardian of homeless or migrant children: Contact the Homeless Liaison (ext. 20856) or the Migrant contact (ext. 44734).
6. Off-base military housing allowance 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.
7. You may apply for meal benefits at any time during the school year if your financial circumstances change.
8. If you become unemployed your child(ren) may be eligible for meal benefits.
9. Foster children are eligible for free meals regardless of personal or household income. Foster children may be included as a household member on the foster family's application. Even if the foster family is not eligible for meal benefits, foster children still qualify.
10. Deployed military combat pay is not counted as income; however, include the deployed household member's name on the application.
11. This application and the resulting eligibility status is only good for this school year.
12. If you receive a letter this school year saying your child(ren) are approved for free meals, please read the letter, and follow the instructions. Keep this letter for your records.
13. If your income varies, list the income amount that you normally earn. For example, if you normally earn \$1000 each month, but you missed some work last month and only earned \$900, report your income as \$1000 per month. If you normally work overtime, include it in the income amount. If you only work overtime occasionally, do not include it. If you lost your job or had hours/wages reduced, use current income.

If you do not agree with the eligibility decision resulting from this application, you may request a hearing by calling or writing to: Heather DeMeola, Director, School Way Café, School District of Volusia County, 3750 Olson Drive, Daytona Beach, Florida 32124, Deland 386-734-7190, ext. 50836.

For assistance regarding this application or eligibility, contact School Way Café at 386-734-7190 ext. 50832 or SWCFreeReducedMealApp@groups.volusia.k12.fl.us.

Sincerely,

Dr. Carmen Balgobin
Volusia County Schools

Heather DeMeola, Director
School Way Café

Parents, School Way Café is hiring. Please visit www.myvolusiaschools.org to view employment opportunities.

Parents, if your family qualifies for the free or reduced lunch program you may qualify for a "Step Up for Students" scholarship. To find out more go to www.StepUpForStudents.org/family. For additional information, email info@sufs.org or call 877-735-7837.

Your children may qualify for free or low cost Health Insurance. For information contact Theresa Watson at (386)734-7190, ext. 20516, or apply here for Florida KidCare on line, <https://www.healthykids.org/>

FEDERAL REDUCED INCOME CHART 2020-2021					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092

FEDERAL REDUCED INCOME CHART 2020-2021					
HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
for each add'l family member add	+ 8,288	+ 691	+ 346	+ 319	+ 160

INSTRUCTIONS FOR APPLYING

If your household receives *SNAP (Supplemental Nutrition Assistance Program) OR TANF, follow these instructions:

Part 2: List student(s) name, date of birth, school and Alpha ID **Part 3:** List the name and SNAP/ TANF case # of any household member that receives SNAP or TANF (including adults) **Skip to Part 6:** Enter "X" in the preferred box. **Part 7:** Sign the form. The last 4 digits of the Social Security Number are not necessary.

Homeless, Migrant or Runaway

Part 1: Check the appropriate box and contact your school homeless liaison or migrant coordinator listed on the front of this application.

If you are applying for a FOSTER CHILD, follow these instructions:

If **ALL** students are foster, **Part 2:** List student(s) name, date of birth, school, and Alpha ID, check the box indicating the child is foster. If the student(s) has income enter the income and how often it is received or check the "no income" box if the student(s) does not receive income. **Skip to Part 6:** Enter "X" in the preferred box. **Part 7:** Sign, the last 4 digits of a social security number is not needed.

If **SOME** of the students listed are foster, **Part 2:** List student(s) name, date of birth, school, and Alpha ID, check the box for students that are foster. If the student(s) has income enter the income and how often it is received or check the "no income" box if the student(s) does not receive income. **Skip to Part 4:** Follow instructions to report total household income. **Part 5:** An adult household member must sign the form and list his or her last 4 digits of the Social Security Number, or mark the box "I do not have a social security number" if he or she does not have one. **Part 6:** Enter "X" in the preferred box. **Part 7:** Sign the form

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions

Part 2: List each child's name, date of birth, school, and Alpha ID, check the no income box if student has no income. If student receives income enter amount received and bubble in how often it is received. **Skip to Part 4:** Follow these instructions to report total household income. **Any income field left blank is a positive indication that there is no income to report.**
Column 1-Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself; **do not** list students you listed in Part 1. Attach another sheet of paper if you need to.
Column 2 - Enter "X" if the person does not have any income.
Column 3- Report gross income and how often it was received. Next to each person's name list each type of income and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Check next to the amount indicating how often the person gets paid: weekly, Bi-week, twice a month, monthly or annual.
Column 4 - List the amount each person received last month from welfare, child support, alimony
Column 5- List the amount received from pensions, retirement, Social Security
Column 6 - ALL OTHER INCOME SOURCES: In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances.
Part 5: An adult household member must sign the form and list his or her last 4 digits of the Social Security Number or mark the box if he or she does not have one.
Part 6: Enter "X" in the preferred box. **Part 7:** Sign the form.

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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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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.