



SPRING LAKE SCHOOL DISTRICT
H. W. MOUNTZ SCHOOL
411 TUTTLE AVENUE, SPRING LAKE, NJ 07762

Dr. Raymond J. Boccuti
Superintendent
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Nick Mackres
Business Administrator/Board Secretary
(732) 449-2056
Fax (732) 449-4171

August 29, 2016

Dear Parent or Guardian,

Under New Jersey State Law, all children enrolled in a public school must be surveyed. This survey is necessary **EVEN IF THE SCHOOL AND/OR SPLIT SESSION KINDERGARTEN OR PREKINDERGARTEN CLASSES DO NOT PARTICIPATE IN ANY OF THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS.**

Attached is the application to be used for survey purposes labeled "SHARING INFORMATION WITH MEDICAID/SCHIP." New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare to determine if your children qualify to participate in this state insurance program. **IF YOU DO NOT WISH TO SHARE YOUR INFORMATION WITH MEDICAID OR NJ FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICARID OR NJ FAMILYCARE, AND RETURN IT TO THE SCHOOL.** Contact information of NJ FamilyCare is www.njfamilycare.org or 1-800-701-0710.

In addition, if you are requesting a free and reduced lunch, please fill out the application. An income eligibility guideline is also attached (form #127). Use this chart to see if you qualify for free or reduced price meals by taking your household gross income by household size. For example a household of three must make less than \$37,296 for the year to qualify for a reduced price or less than \$226,208 to qualify for free meals or milk.

Contact the business office if there are any questions.

Respectfully,

Nick Mackres

School Business Administrator

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Your children may qualify for free meals or for reduced price meals.**

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF** are eligible for free meals.
- Foster children that 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017			
Household Size	Yearly	Monthly	Weekly
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,931	5,663	1,307
8	75,647	6,304	1,455
Each additional person:	7,696	642	148

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, please call or e-mail your school, homeless liaison or migrant coordinator.
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 one of your children's schools.
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 please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, 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. Contact your school if you have any questions about the online application.
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 few 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. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
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. Please 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 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: **Nick Mackres, 411 Tuttle Ave, Spring Lake, NJ 07762, (732) 449-2056 extension 416, nmackres@hwmountz.k12.nj.us**
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, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please 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, 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.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office or call 1-800-687-9512 or go to <https://oneapp.dhs.state.nj.us/default.aspx>. You can also contact NJ Family Care or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help, call (732) 449-2056.

Sincerely,



Nick Mackres

School Business Administrator

Application #:

2016-2017 Application for Free and Reduced Price School Meals

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

Available online at:

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)

Child's First Name	MI	Child's Last Name	[press spacebar to advance]	School Name (Abbr.)	Student attends this school district? Yes No	Foster Child	Homeless, Migrant, Runaway

Click all that apply

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.

STEP 2

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

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 income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

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 income 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)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income	
	Weekly	Bi-Weekly	Bi-Weekly	2x Month	Monthly	Monthly

Total Household Members (Children and Adults)

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

Check if no SSN

STEP 4

Contact information and adult signature

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)

Signature of adult completing the form

Printed name of adult completing the form

Today's date

INSTRUCTIONS

Sources of Income

Sources of Income for Children

Sources of Child Income

- Earnings from work
- Social Security
 - Disability Payments
 - Survivor's Benefits
- Income from person outside the household
- Income from any other source

Example(s)

- A child has a regular full or part-time job where they earn a salary or wages
- 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
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

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 Black or African American Native Hawaiian or Other Pacific Islander White

Race (check one or more): American Indian or Alaskan Native Asian

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.

Sources of Income for Adults

Earnings from Work

- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
- 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

Public Assistance / Alimony / Child Support

- 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

Pensions / Retirement / All Other Income

- 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

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:

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.

INCOME ELIGIBILITY GUIDELINES

July 1, 2016 – June 30, 2017

(As announced by the United States Department of Agriculture)

HOUSE-HOLD SIZE	FREE MEALS OR MILK				REDUCED PRICE MEALS					
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
Each Additional Household Member	5,408	451	226	208	104	7,696	642	321	296	148

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

Error Prone: Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.
 Every two weeks or twice a month: \$0 - \$50 below the free or reduced price income eligibility limit.
 Monthly: \$0 - \$100 below the free or reduced price income eligibility limit.
 Annually: \$0 - \$1200 below the free or reduced price income eligibility limit.

**Income Eligibility Guidelines
July 1, 2016 – June 30, 2017**

FREE MEALS OF MILK												REDUCED PRICE MEALS											
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
9	58,565	4,881	2,441	2,453	1,127	9	83,343	6,946	3,473	3,206	1,603	10	91,039	7,588	3,794	3,502	1,751						
10	63,973	5,332	2,667	2,461	1,231	10	91,039	7,588	3,794	3,502	1,751	11	98,735	8,230	4,115	3,798	1,899						
11	69,381	5,783	2,893	2,669	1,335	11	98,735	8,230	4,115	3,798	1,899	12	106,431	8,872	4,436	4,094	2,047						
12	74,789	6,234	3,119	2,877	1,439	12	106,431	8,872	4,436	4,094	2,047	13	114,127	9,514	4,757	4,390	2,195						
13	80,197	6,685	3,345	3,085	1,543	13	114,127	9,514	4,757	4,390	2,195	14	121,823	10,156	5,078	4,686	2,343						
14	85,605	7,136	3,571	3,293	1,647	14	121,823	10,156	5,078	4,686	2,343	15	129,519	10,798	5,399	4,982	2,491						
15	91,013	7,587	3,797	3,501	1,751	15	129,519	10,798	5,399	4,982	2,491	16	137,215	11,440	5,720	5,278	2,639						
16	96,421	8,038	4,023	3,709	1,855	16	137,215	11,440	5,720	5,278	2,639	17	144,911	12,082	6,041	5,574	2,787						
17	101,829	8,489	4,249	3,917	1,959	17	144,911	12,082	6,041	5,574	2,787	18	152,607	12,724	6,362	5,870	2,935						
18	107,237	8,940	4,475	4,125	2,063	18	152,607	12,724	6,362	5,870	2,935	19	160,303	13,366	6,683	6,166	3,083						
19	112,645	9,391	4,701	4,333	2,167	19	160,303	13,366	6,683	6,166	3,083	20	167,999	14,008	7,004	6,462	3,231						
20	118,053	9,842	4,927	4,541	2,271	20	167,999	14,008	7,004	6,462	3,231	21	175,695	14,650	7,325	6,758	3,379						
21	123,461	10,293	5,153	4,749	2,375	21	175,695	14,650	7,325	6,758	3,379	22	183,391	15,292	7,646	7,054	3,527						
22	128,869	10,744	5,379	4,957	2,479	22	183,391	15,292	7,646	7,054	3,527	23	191,087	15,934	7,967	7,350	3,675						
23	134,277	11,195	5,605	5,165	2,583	23	191,087	15,934	7,967	7,350	3,675	24	198,783	16,576	8,288	7,646	3,823						
24	139,685	11,646	5,831	5,373	2,687	24	198,783	16,576	8,288	7,646	3,823	25	206,479	17,218	8,609	7,942	3,971						
25	145,093	12,097	6,057	5,581	2,791	25	206,479	17,218	8,609	7,942	3,971	26	214,175	17,860	8,930	8,238	4,119						
26	150,501	12,548	6,283	5,789	2,895	26	214,175	17,860	8,930	8,238	4,119	27	221,871	18,502	9,251	8,534	4,267						
27	155,909	12,999	6,509	5,997	2,999	27	221,871	18,502	9,251	8,534	4,267												