



**DEPARTMENT OF DEFENSE**  
**DOMESTIC DEPENDENT ELEMENTARY AND SECONDARY SCHOOLS**  
**SOUTH CAROLINA/FORT STEWART SCHOOL SYSTEM**  
1620 CARDINAL LANE, BEAUFORT, SOUTH CAROLINA 29906-3477  
Telephone (843) 846-6105 Fax (843) 846-6316

Dear Parent/Guardian:

*Children need healthy meals to learn. The Laurel Bay Schools offer healthy meals every school day. Breakfast costs \$0.85; lunch costs \$2.65. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.*

**THIS SECTION IS INTENTIONALLY LEFT OUT UNTIL THE INCOME ELIGIBILITY GUIDELINES ARE PUBLISHED BY USDA. ONCE PUBLISHED, WE WILL MAKE THE UPDATE AVAILABLE TO YOU**

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household that attend Laurel Bay Schools. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to any Laurel Bay Schools cafeteria or school office.**
- 2. Who can get free meals?** Children in households getting FoodShare, FDPIR or W-2 cash benefits and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Public Schools Only: Can homeless, runaway and migrant children get free meals?** Please call the **Food Service Director at 843.846.6105 ext 113** to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **843.846.6105 ext 113** if you have questions.
- 6. My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good 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.
- 7. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 9. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting FoodShare, FDPIR or W-2 cash benefits or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 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: **Asst. Superintendent, 376 Davis Ave, Fort Stewart, GA 31315**, phone number (912) 369-6691.
- 11. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 12. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 13. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 14. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 15. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 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, contact your local assistance office or call your school for assistance.

If you have other questions or need help, call **843.846.6105 ext.113**.

*Si necesita ayuda, por favor llame al teléfono: 843.846.6105 ext.113.*

*Si vous voudriez d'aide, contactez nous au numero: 843.846.6105 ext.113.*

Sincerely,

DAVID K. FOPPE  
Food Service Director

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Complete one application per household and one application for each foster child.

### Part 1. Children in School

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP (formerly Food Stamp) (not EBT card #) or TANF Case # (if any)																	

**Part 2. If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call (school food service contact) at (phone number).** Homeless  Migrant  Runaway

### Part 3. Foster Child – Use a separate application for each foster child.

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Write "0" if foster child has no personal use income. Skip to Part 5.

### Part 4. Total Household Gross Income—You must tell us how much and how often.

A. Name (List everyone in household.)	B. List income. Circle how often it is received. (A – Annually, M – Monthly, SM – Semi-monthly, W – Weekly, BW – Bi-weekly)				C. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
1.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
2.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
3.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
4.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
5.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
6.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW
7.	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW \$ _____	A M SM W BW

### Part 5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that the information provided on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

**Sign here:** x \_\_\_\_\_ **Print name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number **Date:** \_\_\_\_\_

### Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

American Indian or Alaska Native     Asian  
 Black or African American     Native Hawaiian or Other Pacific Islander  
 White     Other: \_\_\_\_\_

Mark one ethnic identity:

Hispanic or Latino  
 Not Hispanic or Latino

### Don't fill out this part. This is for district/school use only.

**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;  Month;  Year    **Household Size:** \_\_\_\_\_

**Categorical Eligibility:** \_\_\_\_ **Date Withdrawn:** \_\_\_\_\_ **Eligibility:** Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ **Reason:** \_\_\_\_\_

**Temporary:** Free \_\_\_\_ Reduced \_\_\_\_ **Time Period:** \_\_\_\_\_ (expires after \_\_\_\_ days)

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verifying Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS FOR APPLYING  
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

**If your household receives SNAP or TANF, follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and Food Stamp or TANF case number.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact your school food service director. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

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

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

**All OTHER HOUSEHOLDS, follow these instructions:**

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.
  - Column A - 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 and all children living with you. Attach another sheet of paper if you need to.
  - Column B - Last month's gross income and how often it was received:** Next to each person's name list each type of income received last month and circle the letters indicating how often it is 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 deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security, (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column include Workers' 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. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
  - Column C - Check if no income:** If the person does not have any income, check the box.
- Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6:** Answer this question if you choose to.