

Laurel Bay Schools – Cafeteria News

The past school year was financially challenging for the Laurel Bay Community Schools cafeterias. We made some difficult decisions for the School Lunch Program. The good news is that we have "turned the corner". The financial steps we took last year have enabled us to avoid an increase in the price of a student full price meal. Lunch remains at **\$2.65** and Breakfast at **\$0.85**.

If your child's cafeteria account carried a balance at the end of the 2006-2007 school year that balance has been carried forward to this year. If your child is moving to a different school on Laurel Bay his or her account balance will travel with him or her. We ask that you fund your child's meal account at least a week in advance as daily payments slow down the serving process.

The United States Department of Agriculture (USDA) has specified a new mandatory minimum price for an adult meal. Per a phone conversation with Laura Oliver at the SC Department of Education, the minimum allowable prices are: Breakfast -- **\$1.45** and Lunch – **\$2.85**. An adult meal will have the same items as a student meal but will consist of high school portions. Adults may choose milk or tea for their beverage.

Free/Reduced meal application packets will be sent home with your child on the first day of school.

Breakfast will be served starting August 20.

Several things remain unchanged from last year:

- Full pay student meals remain at \$0.85 for breakfast.
Reduced price student meals stay the same (\$0.30 Breakfast, \$0.40 Lunch)
- Students may still purchase seconds

Student Meal Prices

Full pay Student Breakfast.....	\$0.85
Reduced Price Student Breakfast.....	0.30
2 nd Student Breakfast	1.10
Full pay student Lunch.....	2.65
Reduced Price Student Lunch.....	0.40
2 nd Student lunch	2.85
2 nd Entree.....	1.50
Menu side dish.....	0.85
Milk.....	0.30

Adult Meal Prices

Adult Breakfast.....	\$1.45
Adult Lunch.....	2.85
Chef Salad.....	2.85
Garden Salad or Potato Bar.....	1.60
Entree.....	1.60
Side Dish.....	0.80
Milk or Tea.....	0.30

If you have any questions please feel free to contact Mr. David Foppe at 846-6105 x113 or email David.Foppe@am.dodea.edu.

Dear Parent/Guardian:

Children need healthy meals to learn. Laurel Bav Schools offers 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.

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 Bav 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 School, either to the school office or the cafeteria.
2. Who can get free meals? Children in households getting FoodShare 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 David Foppe at (843) 846-6105 x113 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 x113 if you have questions.
6. 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.
7. Will the information I give be checked? Yes, we may ask you to send written proof.
8. 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, W-2 cash benefits or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
9. 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: Norman Heitzman, 376 Davis Ave, Fort Stewart, GA 31315 Phone ((912) 408-3089.
10. 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.
11. 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.
12. 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.
13. 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.

If you have other questions or need help, call (843) 846-6105 x113.

Si necesita ayuda, por favor llame al teléfono: (843) 846-6105 x113.

Si vous voudriez d'aide, contactez nous au numero: (843) 846-6105 x113.

Sincerely,



Free and Reduced Price School Meals Application 2006

Letter to Households

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INSTRUCTIONS FOR APPLYING

If your household gets FOODSHARE OR W-2 CASH BENEFITS, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) 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.

For Public Schools Only

If you are applying for a child that is HOMELESS, MIGRANT or a RUNAWAY, follow these instructions:

Check the appropriate box in **Part 2** and contact [your school, homeless liaison, migrant coordinator].

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, including WIC 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 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 and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, 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. 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, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). 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. 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 3–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.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 5 if you list one of the above.
			Case #

DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Homeless/Migrant/Runaway (For Public Schools Only)

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. 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: \$ _____. Skip to Part 5.

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

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/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"/>

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 on the back of this page.)

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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

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

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Don't fill out this part. This is for 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: _____ Follow-up Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART					
For School Year 2006-2007					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$18,889	\$1,575	\$788	\$727	\$364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,122	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,219	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
Each Additional person:	+6,438	+537	+269	+248	+124

Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare Program, Temporary Assistance for Needy Families (W-2 cash benefits) 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.