

**MEAL BENEFIT FORM
SCHOOL YEAR 2008-2009**

Complete, sign and return the form to the Virginia Dependents Schools Food Services Division, 3308 John Quick Road, Quantico, Virginia 22134 or by returning this form to your child's school. Please read the instructions carefully. If you need help completing this form, call Paul Tillema at 640-9431. **You need only to fill out one form for all children in school.**

Child's Name (please list all children attending school)	Grade	School (circle one)
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS
		QUANTICO HIGH, RUSSELL, ASHURST, BURROWS

2. Is this a **FOSTER CHILD**? (See the instructions). If this is a foster child, check here [] and write the child's monthly personal use income here \$ _____. Go to section #5.

3. Are you receiving **FOOD STAMPS, TANF or ABC** benefits for your child? List the CASE NUMBER. Do not complete section #4. Go to section #5.
 Food Stamp Case Number: _____ TANF Case Number: _____

4. **ALL OTHER HOUSEHOLDS:** (Complete this part only if you did not complete sections #2 or #3). List all household members, including the child listed above. List income. Go to Section #5.

Current Monthly Income				
Names of Household Members (include the child listed above)	Monthly Earnings from Work (Base Pay + Rations) Job 1	Monthly Welfare, Child Support Alimony Received	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

5. **SIGNATURE AND SOCIAL SECURITY NUMBER:**

***PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp, TANF or BAC case number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the Meal Benefits Form and the deliberate misrepresentation of the may information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: _____ Social Security # ____ - ____ - _____

Printed Name: _____ Rank or Grade: _____

Home Address: _____ City, State. Zip: _____

Date: _____ Home Phone: _____ Wk Phone _____

PRIVACY ACT STATEMENT: Unless you list the child's food stamp, TANF or ABC case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, investigations and may include contacting employers to determine income, contacting a food stamp, TANF or ABC office to determine the current certification for food stamps, TANF or ABC benefits, contacting the State employment security office to determine the amount of benefits received and checking documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction in benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

6. RACIAL/ ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so: Please mark one or more of the following racial identities:

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

Please mark one of the following ethnic identities:

Hispanic or Latino Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital and family status. Persons with disabilities who require alternative means of communication of program information, (Braille, large print, audio tape, etc.) should contact the USDA's TARGET center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Ave, SW, Washington, D.C. or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOR OFFICIAL USE ONLY:

Food Stamp, TANF/ABC household categorically eligible free: Yes No

MONTHLY INCOME CONVERSION: Weekly x 4.33, Every 2 Weeks x 2.15, Twice a Month x 2

Household Size: _____ Total Monthly Income: _____ Eligible: _____ Not Eligible: _____

Eligibility Classification: Free: _____ Reduced: _____ Paid: _____

Temporary: Free: _____ Reduced: _____ Paid: _____

Determining Official: _____

Signature: _____ Date: _____

INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS

These are the income scales to be used by the School Food Authority to determine eligibility for free and reduced price meals.

Effective Date: July 1, 2008 to June 30, 2009

FREE MEALS					REDUCED PRICE MEALS		
FAMILY SIZE	YEARLY	MONTHLY	WEEKLY		YEARLY	MONTHLY	WEEKLY
1	13,520	1,127	260		19,240	1,604	370
2	18,200	1,517	350		25,900	2,159	499
3	22,880	1,907	440		32,560	2,714	627
4	27,560	2,297	530		39,220	3,269	755
5	32,240	2,687	620		45,880	3,824	883
6	36,920	3,077	710		52,540	4,379	1,011
7	41,600	3,467	800		59,200	4,934	1,139
8	46,280	3,857	890		65,860	5,489	1,267
For each additional household member add:	4,680	390	90		6,660	555	129

Conversion Factors:

- if paid once a week, salary x 4.33 = monthly income
- if paid once every 2 weeks, salary x 2.15 = monthly income
- if paid two times a month, salary x 2 = monthly income
- monthly income x 12 = yearly salary

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Dear Parent/Guardian:

The Quantico Schools offers a choice of healthy meals each school day. Children may buy lunch for \$2.25 at Russell and Ashurst, \$2.35 at Burrows and \$2.50 at Quantico Middle/High School. Breakfast may be purchased at Russell, Ashurst and Burrows for 1.25. A preschool milk program is available and may be purchased for the price of \$10.00 for a twenty-day ticket. Children who qualify under the U.S. Department of Agriculture guidelines may receive free meals or at a reduced price of .40 for lunch and .30 for breakfast. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no additional charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of a disability. Please call the school for more information.

Your child can receive free meals if you get food stamps, Virginia Temporary Assistance to Needy Families (TANF) or Delaware A Better Chance (ABC). If your total household income is the same or below the amount on the enclosed Income Chart, you child can receive meals either free or at a reduced price.

Who can get free or reduced price meals? You must complete the Meal Benefit Form and return it to the school.

- **Everyone** may apply for free and reduced price benefits.
- **Households receiving food stamps, TANF or ABC:** You only have to include your child's name and **case number**, and an adult household member must sign the form.
- **Households that do not receive food stamps, TANF or ABC:** If you do not have a case number, you must include the names of all household members, the amount of income each person received last month and the source of income. An adult household member must sign the form and include his/her social security number, or indicate that the member does not have a social security number.
- **Households with a foster child:** You must include the child's name and the amount of "personal use" income the child received last month, and an adult household member must sign the form.

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

Will the form be verified? Your eligibility may be checked at any time during the school year. School Officials may ask you to send written evidence that shows that your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to the school officials if you do not agree with the school's decision on your application. You may also ask for a fair hearing by calling or writing:

Mr. Raynard Watkins, Logistics Manager
3308 John Quick Road, Suite 200
Quantico, Virginia 22134
(703) 784-4837

Will my information be kept confidential? We will use the information on your form to decide if your child should receive free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

Can I apply for free and reduced price meals later? You may apply for free and reduced price meals at any time during the school year. If you are not eligible now, but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive food stamps, TANF or ABC, complete the form at that time.

We will let you know if you are approved as soon as possible.

Sincerely,

Paul T. Tillema
Child Nutrition Director

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HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to VADDESS Food Services Division, 3308 John Quick Road, Quantico, Virginia 22134, or to your child's school office. Call 640-9431.

- 1. CHILD INFORMATION:** Print your child's name. Include your child's grade and circle name of school.

- 2. FOSTER CHILDREN:** Complete this part and sign in Section #5.
 - (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
 - (b) A foster parent or other official representing the child must sign in #5. You do not have to list a social security number.
 - (c) Complete a separate form for each foster child.

- 3. HOUSEHOLDS RECEIVING FOOD STAMPS, TANF OR ABC:** Complete this part and sign the form in #5.
 - (a) List the current food stamp, TANF or ABC case number(s) for your children.
 - (b) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

- 4. ALL OTHER HOUSEHOLDS:** Complete this section and sign the form in #5.
 - (a) Write the names of everyone in the household, even if they do not have income. Include yourself, your spouse, the child you are applying for and other children and household members.
 - (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, enter that person's usual monthly income.
 - (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a day care provider, or operating a farm. Please call the number at the top of the form if you need help.
 - (d) Sign the form and include social security number in #5. *If you do not have a social security number, write "none".*

- 5. SIGNATURE AND SOCIAL SECURITY NUMBER:**
 - (a) The form must have the signature of an adult household member.
 - (b) The adult household member who signs the statement must include his/her social security number. *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed food stamp, TANF or ABC case number(s), or if you are applying for a foster child.

- 6. RACIAL AND ETHNIC IDENTITY:** You are **not required** to answer this question to get meal benefits, but completion information will help ensure everyone is treated fairly.

INCOME TO REPORT

<i>Earnings from Work</i>	<i>Pensions/ Retirement/ Social Security</i>	<i>Other Monthly Income/Self Employment</i>
<i>Wages/ salaries/tips</i>	<i>Pensions</i>	<i>Disability Benefits</i>
<i>Strike benefits</i>	<i>Supplemental Security Income</i>	<i>Cash withdrawn from savings</i>
<i>Unemployment Compensation</i>	<i>Retirement Income</i>	<i>Interest/Dividends</i>
<i>Worker's Compensation</i>	<i>Veteran's Payments</i>	<i>Income from estates/trusts/investments</i>
<i>Net income from self-owned business</i>	<i>Social Security</i>	<i>Regular contributions from a person not living in the household</i>
<i>Welfare/Child Support Alimony</i>		<i>Net royalties/annuities/ rental income</i>
<i>Public assistance payments</i>		<i>Military allowance for off-base housing</i>
<i>Welfare payments</i>		<i>Any other income</i>
<i>Alimony child support payments</i>		

***It is recommended that military personnel sent a copy of their LES with the application. We will compute your income for you. Include **only** base pay, rations and special pay, i.e. flight pay, as wages. All LES copies will be returned with notification of benefits.*

INCOME ELIGIBILITY CHART

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
EACH ADDT HOUSEHOLD MEMBER	6,660	555	129