

# **NORWOOD BOARD OF EDUCATION**

**177 SUMMIT STREET, NORWOOD, NEW JERSEY 07648 201-768-6366**  
**FAX: 201-768-2047**

**Joanette Femia**  
**School Business Administrator**

September 1, 2011

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 DOES NOT PARTICIPATE IN ANY OF THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS.**

Children need healthy meals to learn. The Norwood Public School District does not participate in the National School Lunch Program; however, the district does honor the program's application for those families that qualify for free milk.

Attached is an application to be used for survey purposes. Please fill out this application as soon as possible, sign it and return it to the school. Contact your child's school if you have any questions. Thank you for your cooperation.

**If your family income does not qualify your child for free lunch,  
you are not required to return the application.**

**How can I obtain medical insurance coverage for my children?** NJ FamilyCare is a health insurance program for children that are uninsured. If you are a family that does not have health insurance, you may contact NJ FamilyCare for additional information at 1-800-701-0710 or visit the website at [www.njfamilycare.org](http://www.njfamilycare.org).

Sincerely,



Joanette Femia  
Business Administrator/Board Secretary

Attachments

Application # \_\_\_\_\_

School District \_\_\_\_\_

FISCAL YEAR 2012

**FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION**

**Part 1. Children in School (Include foster children)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.**  
 Name \_\_\_\_\_ Case number \_\_\_\_\_

**Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator.**  
 Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income—You must tell us how much and how often for each person; CHECK IF NO INCOME**

1. Name (List everyone in household – include students listed above)	2. List 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 How Often?	Welfare, child support, alimony How Often?	Pensions, retirement, Social Security How Often?	All Other Income How Often?	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement)  
*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: \_\_\_\_\_  
 Last 4 Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

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

Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
 Choose one or more (regardless of ethnicity):  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or other Pacific islander

 **Don't fill out this part. This is for school use only.** Error Prone

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 \_\_\_ Expiration Date (expires after 45 days) \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For State Agency Use</b>	F to R	R to F	D to F	SS #	SB Temp
	F to D	R to D	D to R	Income	Other

**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 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.

**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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**APPLICATION INSTRUCTIONS****If your household received benefits from NJ SNAP (food stamps) or TANF, follow these instructions:**

Part 1: List all student names and the name of school for each child – include foster children and check the box if a foster child

Part 2: List the case number for any household member (including adults) receiving NJ SNAP or TANF benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

**If no one in your household, including any foster children, gets NJ SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:**

Part 1: List all student names and the name of school for each child – include foster children and check the box if a foster child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator].

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

**If you are ONLY applying for FOSTER CHILD/CHILDREN, follow these instructions:**

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including foster children, including WIC households, follow these instructions:**

Part 1: List all student names and the name of school for each child – include foster children and check the box if a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1–Name: List all household members.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing initiative or get combat pay, do not include these allowances as income.
- Box 3 – Check the no income for any household members that do not receive any income

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer this question if you choose.

## INCOME ELIGIBILITY GUIDELINES

**July 1, 2011 – June 30, 2012**

(As announced by the United States Department of Agriculture)

HOUSE-HOLD SIZE	FREE MEALS OR MILK				HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice per Month	Every Two Weeks		Weekly	Annual	Monthly	Twice per Month	Every Two Weeks
1	14,157	1,180	590	545	273	20,147	1,679	840	775	388
2	19,123	1,594	797	736	368	27,214	2,268	1,134	1,047	524
3	24,089	2,008	1,004	927	464	34,281	2,857	1,429	1,319	660
4	29,055	2,422	1,211	1,118	559	41,348	3,446	1,723	1,591	796
5	34,021	2,836	1,418	1,309	655	48,415	4,035	2,018	1,863	932
6	38,987	3,249	1,625	1,500	750	55,482	4,624	2,312	2,134	1,067
7	43,953	3,663	1,832	1,691	846	62,549	5,213	2,607	2,406	1,203
8	48,919	4,077	2,039	1,882	941	69,616	5,802	2,901	2,678	1,339
Each Additional Household Member	<b>+4,966</b>	<b>+414</b>	<b>+207</b>	<b>+191</b>	<b>+96</b>	<b>+7,067</b>	<b>+589</b>	<b>+295</b>	<b>+272</b>	<b>+136</b>

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. **Can not 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.