

THOUSAND ISLANDS CENTRAL SCHOOL  
FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET FOR PARENT/ GUARDIAN  
2017-18

When filling out the application form, please pay careful attention to these helpful hints.

**SNAP/ TANF Case Number** This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example F123456. Refer to a letter you received from your local Department of Social Services for your number or contact them for your number. All children with the same case number may be listed on the same application. If anyone in your household receives SNAP, all children living in your household are eligible to receive free meals at school.

**Foster Child** A child who is living with a family but who is under the legal care of the welfare agency or court maybe listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical and therapeutic needs are not considered income to the foster child. Write "0" (zero) if the child has no personal use income.

**Household** A household is defined as a group of related or non-related people who are living in one house and share income and expenses.

**Adult Family Members** All related and non-related people who are 21 years of age and older living in your house.

**Financially Independent** A person is financially independent and a separate economic unit/ household when his or her earnings and expenses are not shared by the family/ household.

**Current Gross Income**

Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, state tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.) you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income from the past 12 months reported from the 1040 Tax Forms.

**Examples of Gross Income are:**

- |  |  |
|--|--|
| ◇ Wages, salaries, tips, commissions or income from self-employment                            | ◇ Supplementary Security Income (SSI) or Social Security Survivor's Benefits   |
| ◇ Net farm income is gross sales minus expenses only → not losses                              | ◇ Alimony or child support payments  |
| ◇ Pensions, annuities or other retirement income including Social Security retirement benefits | ◇ Disability benefits, including workmen's compensation  |
| ◇ Unemployment compensation  | ◇ Veteran's subsistence benefits   |
| ◇ Welfare payments (does not include value of food stamps)                                     | ◇ Interest or dividend income  |
| ◇ Public Assistance payments   | ◇ Cash withdrawn from savings, investments, trusts and other resources which would be available to pay for a child's meals |
| ◇ Adoption assistance  | ◇ Other cash income  |

If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.) you must list the income from all sources.

**Income Exclusions**

The value of any child care provided or arranged, or any amount received as payment for such childcare or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Cook/ Manager Lynette Chapman, Reviewing Official

686-5594 ext. 5008 or 654-2142 ext. 5008

Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

**2017-2018 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to **Lynette Chapman, Cook/ Manager**. Call **(315) 686-5521 ext 5008** or **(315) 654-2142 ext 5008**, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

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 other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Island  White

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Free Meals  Reduced Price Meals  Denied/Paid

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

To apply for free and reduced price meals complete only one application for your household using the instructions below. Sign the application and return the application to the school. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: **(315) 686-5521 ext 5008 or 654-2142 ext 5008**. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

### **PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway. This will be confirmed by Superintendent Michael Bashaw Jr, Homeless Liaison/ Migrant Education Coordinator at (315) 686-5521 ext 1555.

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### **PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

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### **PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

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**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

### **USE OF INFORMATION STATEMENT**

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other 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 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.

### **DISCRIMINATION COMPLAINTS**

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.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# THOUSAND ISLANDS CENTRAL'S "Backpack" PROGRAM



"When local kids go hungry, we have their backs"

The "Backpack" Program is designed to meet the needs of hungry children on school weekends, when other resources may not be available. The program provides backpacks filled with food that is child-friendly, shelf stable, and easily consumed. Backpacks are packed each week by school staff and discreetly distributed to participating children every Friday afternoon. In addition, volunteer students assist the staff and experience a "real life lesson" in community support.

The "Backpack" Program has been shown to help improve not only student attendance and academic performance but also reduce disciplinary referrals for participating students.

Examples of foods supplied weekly:

- Breakfast items: cereal, oatmeal packets, graham crackers, granola bars.
- Entrée's: mac & cheese, PB&J containers, canned pasta, tuna, soup, chili, pork and beans.
- Juice Boxes: 100% juice when possible.
- Canned Vegetables, Fruit, and Fruit cups
- Snack: cookies, popcorn, pudding, jello, muffin mix, etc

We are anticipating expansion of the program in the 2017-18 school year to include ALL K-12 students. We would also like to be able to add bread, milk, fresh fruits, and vegetables to the program. If you have a child, know of a child in need of this support, or are able to offer food or monetary support, please contact me at (315) 686-5594 ext. 5008 or email me at [chapmanl@ticsd.org](mailto:chapmanl@ticsd.org).

The TI Backpack program is funded entirely by local donations.

- 100% of donations goes towards running the "Backpack" Program
- When sending in a donation, be sure to indicate that you would like the funds to be directed to the TI Backpack Program.

Thank you in advance for assistance, Please feel free to contact me if you have any questions.

Sincerely,

Cook Manager Lynette Chapman



## FREE WEEKEND FOOD FOR YOUR CHILD AVAILABLE THROUGH THOUSAND ISLANDS "BACKPACK" PROGRAM

Thousand Islands Central's Cafeteria Staff has teamed up with teachers, staff, and community members to offer a **FREE** supply of nutritious meals and snacks for children over the school weekends and extended school breaks. Backpacks are distributed by their teacher or office staff on the last school day before the weekend or break. The student then returns the backpack to school on Monday so it can be re-filled for the next week's distribution.

**Any child enrolled in Thousand Islands CSD is able to receive these free weekly backpacks of food. If you believe your family could benefit from this program, we encourage you to sign up by filling out the form below and returning it to Cook Manager Lynette Chapman.**

Only one form is needed for ALL the children in your family, but please include the names of each child. This information will be kept confidential between the Cook Manager and Thousand Islands CSD. Once your children are signed up, they will receive a free backpack of food each week until they leave the school or until you no longer wish to participate.

**We encourage you to take advantage of this program for your family and your children.**

Questions or concerns Please contact Cook Manager Lynette Chapman (315) 686-5594 ext 5008.

### BACKPACK PROGRAM CONSENT FORM

Please sign my child(ren) up for the School Backpack Program. I understand my child(ren) will soon start receiving a FREE Backpack of food at the end of each week for his/her use over the school weekend or school holiday.

**PLEASE PRINT CLEARLY:**

Today's Date \_\_\_\_\_

Child(ren's) Name(s) \_\_\_\_\_

*Should family circumstances change, you are welcome to apply at any time throughout the school year.*