

Dear Parent/ Guardian,

Spartanburg County School District #4 offers healthy meals every school day. Breakfast Cost \$1.00; Lunch Cost Woodruff Primary and Elementary Schools \$1.70 & Woodruff Middle and High School \$1.95. Your children may qualify for free meals or for reduced price meals. Reduced Meals are \$0.30 for Breakfast and \$0.40 for lunch. **School Year 2016- 2017**

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application for free or reduced price meals. **Use one Free and Reduced Price School Meals Application for all students in your household.** We cannot approve an application that is not complete. Return the complete application to: Spartanburg County School District #4 Food Service Office 118 McEdco Road Woodruff, S.C. 29388.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations], or [State TANF], can get free meals regardless of your income. Also, your children can get free meals; if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Karen Neal @ [kneal@spartanburg4.org](mailto:kneal@spartanburg4.org) or call at Spartanburg County school District #4 address: 118 McEdco Road Woodruff, S.C. 29388 or phone # 864-476-3186.
5. WHO CAN GET REDUCED PRICE MEALS/ Your children get low cost meals, if your household gross income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter you got carefully and follow the instructions. Call the school at 864-476-3186 if you have questions.
7. 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 that school year and 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 already eligible for the new school year.**
8. IF 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof
10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply anytime during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals. if the household income, drops below the income limit.
11. 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: Dr. Rallie Liston @ Spartanburg County School District #4 118 McEdco Road Woodruff, S.C. 29388.
12. 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 U.S. citizens to qualify for free or reduced price meals.
13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent ( for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP, ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number]. If you have other questions or need help call 864-476-3186; Si necesita ayuda por favot llame al telefono: 864-476-3186; Si vous voudriez d'aide, contactez nous au numero: 864-476-3186 Sincerely, Cindy Craig, RD, LD

**INSTRUCTIONS FOR APPLYING**

**If your household receives SNAP or TANF or if a child is a *FOSTER CHILD, HOMELESS, MIGRANT, RUNAWAY OR HEAD START*, follow these instructions:**

**Part 1:** List all household members and the name of the school for each child(ren) and check column indicating SNAP or TANF and list case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digit of the Social Security Number are not necessary.

**Part 5:** Answer this question if you choose to.

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

**Part 1:** List all household members and the name of the school for each child(ren).

**Part 2:** Check the appropriate box, if any.

**Part 3:** **Total Household Gross Income—You must tell us how much and how often.**  
 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 4:** 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 5:** Answer this question if you choose to.

Application 2016-2017, (**"DISCARD OLDER VERSIONS"**)

**Household Size and Income Guidelines for Free Meals or Reduced Price Meals Effective July 1, 2016 through June 30, 2017**

Household size	(1) Free meals – 130%					(2) Reduced price meals – 185%				
	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1.....	15,444	1,287	644	594	297	21,978	1,832	916	846	423
2.....	20,826	1,736	868	801	401	29,637	2,470	1,235	1,140	570
3.....	26,208	2,184	1,092	1,008	504	37,296	3,108	1,554	1,435	718
4.....	31,590	2,633	1,317	1,215	608	44,955	3,747	1,874	1,730	865
5.....	36,972	3,081	1,541	1,422	711	52,614	4,385	2,193	2,024	1,012
6.....	42,354	3,530	1,765	1,629	815	60,273	5,023	2,512	2,319	1,160
7.....	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8.....	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	5,408	451	226	208	104	7,696	642	321	296	148

**2016-17 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**  
**Please Complete One Application Per Household**

Part 1. All Household Members										
Names of ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last)	Name of Each Child's School and their Grade in School or Indicate NA if Child is NOT in School	Place a check in the box if NO income	SNAP	TANF	SNAP or TANF Case # (not EBT card #)					

**Part 2. Place a check in the box below if a child listed above is a foster child, homeless, migrant, runaway, or head start child**  
 Foster Child  Homeless  Migrant  Runaway  Head Start

**Part 3. Total Household Gross Income—You must tell us how much and how often.**

A. Name (List ONLY household members with income)	B. List income and circle how often it's received. Record each income only once. (A – Annually, M – Monthly, BM – Bi-monthly, W – Weekly, BW – Bi-weekly)																			
	Earnings from work before deductions				Welfare, child support, alimony				Pensions, retirement, Social Security				Other							
	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW	A	M	BM	W	BW
1.	\$					\$					\$					\$				
2.	\$					\$					\$					\$				
3.	\$					\$					\$					\$				
4.	\$					\$					\$					\$				
5.	\$					\$					\$					\$				

**Part 4. Signature and Last Four Digits of the Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her last four digits of the 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 and Medicaid agencies as part of the state's participation in Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

**Sign here:** x \_\_\_\_\_ **Print name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
**Last 4 Digits of Social Security Number:** \_\_\_\_\_  I do not have a Social Security Number **Date:** \_\_\_\_\_

**Part 5. 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:** \_\_\_\_\_

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

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

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

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