Dear Parent/Guardian:

Children need healthy meals to learn. Queen of Peace Catholic School offers healthy meals every school day. Breakfast costs $1.50; lunch costs $3.00. Your children may qualify for free meals or for reduced price meals. Reduced price is $5.00 for breakfast and $4.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. **WHO CAN GET FREE OR REDUCED PRICE MEALS?**
   - All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school’s Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22,459</td>
<td>1,872</td>
<td>432</td>
</tr>
<tr>
<td>2</td>
<td>30,451</td>
<td>2,538</td>
<td>586</td>
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<tr>
<td>3</td>
<td>38,443</td>
<td>3,204</td>
<td>740</td>
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<tr>
<td>4</td>
<td>46,435</td>
<td>3,870</td>
<td>893</td>
</tr>
<tr>
<td>5</td>
<td>54,427</td>
<td>4,536</td>
<td>1,047</td>
</tr>
<tr>
<td>6</td>
<td>62,419</td>
<td>5,202</td>
<td>1,201</td>
</tr>
<tr>
<td>7</td>
<td>70,411</td>
<td>5,868</td>
<td>1,355</td>
</tr>
<tr>
<td>8</td>
<td>78,403</td>
<td>6,534</td>
<td>1,508</td>
</tr>
<tr>
<td>Each additional</td>
<td>+7,992</td>
<td>+666</td>
<td>+154</td>
</tr>
</tbody>
</table>

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail lhaverty@queenofopeace.cc.

3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Queen of Peace, 4508 Vistula Road, Mishawaka, IN 46544.

4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Laurie Haverty at lhaverty@queenofopeace.cc or call 574-255-9674 x124 immediately.

5. **MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child’s application is only good for that school year and for the first few days of this school year through **September 10, 2018**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price of meals.

Parent Letter/Instructions - PY 2019
6. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.

8. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time 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.

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: Jill Miller, Principal at jmiller@queenofpeace.cc.

10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

11. **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.

12. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

14. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. Contact Nancy Schleer at nschleer@queenofpeace.cc or call 574-255-0392 to receive a second application.

15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call 1-800-403-0864.

If you have other questions or need help, call 574-255-0392.

Sincerely,

[Signature]

Laurie Haverty
Parish Administrator
Queen of Peace Catholic School
2018-2019 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

**STEP 1**
List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper).

**Definition of Household Member:** “Anyone who is living with you and shares income and expenses, even if not related.”

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

**STEP 2**
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If NO > Go to STEP 3.
If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**STEP 3**
Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

**A. Child Income**
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**
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 (gross) income before any taxes or deductions for each source in whole dollars (no cents) only. If they do not receive income from any 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 Adult Household Members (First and Last)

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>How often?</th>
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<tbody>
<tr>
<td>Weekly</td>
<td>Every 2 Wks</td>
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<table>
<thead>
<tr>
<th>Public Assistance/ Child Support/Alimony</th>
<th>How often?</th>
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</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>Every 2 Wks</td>
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<table>
<thead>
<tr>
<th>Pensions/Retirement/ All Other Income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>Every 2 Wks</td>
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Total Household Members (Children and Adults)

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<tr>
<th>Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member</th>
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<tr>
<td>X X X X</td>
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</table>

Check if no SSN

**STEP 4**
Contact information and adult signature. Mail Completed Form To: Queen of Peace School, 4508 Vistula Road, Mishawaka, IN 46544

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form

Signature of adult completing the form

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (optional)
STEP 5
Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive Textbook Assistance?
☐ Yes
☐ No

If yes, sign to the right →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-26-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of adult completing the form

Today's date

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify that I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

Signature of adult completing the form

Today's date

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):
☐ Hispanic or Latino
☐ American Indian or Alaskan Native
☐ Asian
☐ Not Hispanic or Latino
☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander
☐ White

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 when you fill out a Census Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FPDIR) case number or other FPDIR 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.

In accordance with Federal civil rights laws 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, (AD-3027) found online at: 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:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION TO YEARLY

WEEKLY X 52
EVERY 2 WEEKS X 26
TWICE A MONTH X 24
MONTHLY X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size:
Total Income:

OR Categorical Eligibility:
☐ Food Stamps/TANF
☐ Migrant
☐ Homeless
☐ Runaway
☐ Foster

Eligibility Determination:
☐ Approved Free
☐ Approved Reduced Price
☐ Denied

Reason for Denial:
☐ Income Too High
☐ Incomplete Application
☐ Other

Type of Eligibility Notification Provided (if denied, notification must be written): ☐ Verbal ☐ Written

Date:

Signature of Determining Official:

Date Withdrawn:

VERIFICATION

Confimation Review Official:

Application Directly Verified? Yes ☐ No ☐

Date Verification Notice Sent:

Date Response Due from Households:

Date Second Notice Sent (or N/A):

Date Notice of Change Sent:

Date Change Made:

Request for Appeal:

Date Hearing Requested:

Hearing Decision:

Verifying Official’s Signature:

Date: