ALLEGHANY COUNTY SCHOOLS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn Alleghany County Schools offers healthy meals every school day. Breakfast costs \$2.00; lunch costs \$2.50 elementary and \$2.75 high school. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application process.

- WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPIR) or Work First Cash Assistance (formerly Temporary Assistance for Needy Families 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 Federally-funded 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.

	Effective		NCOME CHART July 1, 2023 - June 30,	2024	
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person	9,509	793	397	366	183

- 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 Anne Marie Erhardt, 336-372-4345, email: annemarie.erhardt@allehgany.k12.nc.us or Migrant Program Coordinator, Melissa Fitzgerald, 336-372-4345: email: Melissa.fitzgerald@alleghany.k12.nc.us.
- 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: Sandy C. Combs, Director of School Nutrition Services, 85 Peachtree Street, Sparta, NC 28675, 336-372-4345; sandy.combs@alleghany.k12.nc.us
- 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 Sandy C. Combs, Director of School Nutrition Services, 85 Peachtree Street, Sparta, NC 28675, 336-372-4345; email: sandy.combs@alleghany.k12.nc.us 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. 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 for meals.

- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> 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: Dr. Chad Beasley, Superintendent, 85 Peachtree Street, Sparta, NC 28675; 336-372-4345; email: chad.beasley@alleghany.k12.nc.us
- 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 <u>normally</u> 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 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. Sandy C. Combs, Director of School Nutrition Services; 85 Peachtree Street, Sparta, NC 28675; 336-372-4345; email: sandy.combs@alleghany.k12.nc.us 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 Food and Nutrition Services (FNS, formerly Food Stamps) or other assistance benefits, contact your local assistance office or call The Careline at 1-800-662-7030.

If you have other questions or need help, call 336-372-4345

Sincerely,

Sandy C. Combs, Director

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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.Intake@usda.gov This institution is an equal opportunity provider.

2023-24 Alleghany County Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.) Please return to: 85 Peachtree Street, Sparta, NC 28675 (336) 372-4345

A. CHILI	CHILDREN and STUDENT Household Members	lembers				NOTE: For more Income Frequency	information o y see the chart	on "Sources of Imission page 2 (or r	NOTE: For more information on "Sources of Income for CHILDKEN/STUDENTS Income Frequency see the charts on page 2 (or reverse side) of this application.	vysi ubenis and application.	B. Assistance Programs
1) LIST the r STUDENT grade 12.	1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.	If applicable household p	If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled	the enrolled	If applicable, please CIRCLE if a CHILD/STUDENT is:	CHILD/ST Earnin	CHILD/STUDENT INCOME Earnings from Work	OME	снігр/ят	CHILD/STUDENT INCOME	Do any Household members (including you) currently participate in one or more of the
2) CIRCLE that are the hou	CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.		and their current Grade.		Homeless Migrant	ENTER tot amount (be whole do	ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)	icome ions) in \$000)	ALL OT	ALL OTHER Sources	following assistance programs: FNS, WorkFirst/TANF, or FDPIR?
	First MI Last Circle	Circle One:	School Name	Grade	Runaway	GROSS Income		CIRCLE Frequency	Income	CIRCLE Frequency	□ NO □ YES
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	S	0			HMRF	\$	Weekly Bi-Weekly		\$5	Weekly Monthly Bi-Weekly Bi-Monthly	Then SKIP to SECTION E.
		1) For EACH,	J For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please	(including you	self) ENTER ALL types	ENTER ALL types and amounts of GROSS income received. Ple	SROSS incom	e received. Plea		ousehold Total and	D. Household Total and Social Security Number (SSN)
C. ADU	ADULT Household Members	report. (2	INSERT GO TO INDICATE NO INCLUME WHER EXPENDENCE. If an INCOME THEIR IS REJUDIALLY LEGISLATED IN CONTROLLY OF THEIR IS NOT THEIR INCOME. WE SHARE IN THE STATE OF THEIR IS NOT THEIR INCOME. WE SHARE IN THE STATE OF THEIR INCOME INCOME FOR ADULTS, and Income Frequency chart on page 2 for reverse side of this application.	where applicates only (no central ton page 2 (or	ble. If an income frei ts) (ex. \$1000). NOTE reverse side) of this a	u is rejt blank it cer : For more inform pplication.	ation on "Sou	urces of Income		ENTER Total Number of Household	nusehold
LISTALL	LIST ALL ADULT household members (FIRST and IAST name)	GF Ea	me CIRCLE	Public Assistance/ Alimony/	tance/ CIRCLE Y/ Frequency		Pensions/ Retirement/	CIRCLE Frequency		Members (Children and Adults) HERE	lults) HERE
Head of Household		S	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly \$		Weekly Monthly Bi-Weekly Bi-Mont	λld	(Head of Household or Primary Wage Earner ONLY)	Wage Earner ONLY)
Other Adult		\$	Weekly Monthly Bi-Weekly Bi-Monthly	₩.	Weekly Bi-Weekly	Monthly Bi-Monthly		Weekly Mont Bi-Weekly Bi-M	Monthly Bi-Monthly	I do not have a	I do not have a Social Security Number
Other Adult		v,	Weekly Monthly Bi-Weekly Bi-Monthly	s	Weekly Bi-Weekly	Monthly \$ Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Mont	yld	nild(ren)'s Ethnic an	F. Child(ren)'s Ethnic and Racial Identities (Optional)
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E. Attes	E. Attestation: An adult household Member must sign the application. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information in connection with the trade large information, my children) may lose meal benefits and I may be a connection and calculation."	the application. "I certi officials may verify (chec	"l certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given by (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be	n on this applicati that if I purposel	on is true and that all inco y give false information, r	ome is reported. I unc ny child(ren) may lose	derstand that t	his information is and I may be	SE		one or more (regardless of ethnicity): American Indian or Alaska Native
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Printed Name:	ăi.		Contact Number:		City:		State:	: Zip Code:			
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Office Use	Income Conversion NOTE: If there are multiple income sources with more than on frequency, the SFA must annualize all	ersion than on frequency, the SFA r		Reason for Denial of Eligibility:	Eligibility:				Confirming Officia	Confirming Official's Signature & Date	
Only	income by multiphying: Weekly (x52) Biweekly (x26) Monthly (x12)	iplying: x12) □Bimonthly (x24)) 🗆 Annually						Verifying Official's Signature & Date	Signature & Date	
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Sources of Income for CHILDREN/STUDENTS	00 000000
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Sources of Income	Examples
 Earnings from work 	 A child has a regular full or part-time job where they earn a salary or wages
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired or deceased and their child receives Social Security benefits
 Income from any other source 	 A child receives regular income from a private pension fund, annuity or trust

Private pensions or disability Regular cash payments from Regular income from trusts Pensions/Retirement/ Social Security (including railroad retirement and All Other Income black lung benefits) Investment income outside household Earned interest Rental income or estates Annuities benefits Sources of Income for ADULTS Supplemental Security Income Public Assistance/Alimony/ Cash Assistance from State Unemployment benefits Child support payments Worker's compensation Child Support or local government Alimony payments Veteran's benefits Strike benefits (ISSI) If you are in the U.S. Military: Salary, wages, cash bonuses Basic pay and cash bonuses (does NOT include combat pay, housing, food and clothing **Earnings from Work** FSSA or privatized housing Allowances for off-base Net income from selfemployment (farm or allowances) business)

Income Frequency

Annually = Total salary per year	Annually = To
Bi-Monthly = Twice per mont	Monthly = Once per month
Bi-Weekly = Every two (2) weel	Weekly = Once per week

Please Mail this application to: ALLEGHANY COUNTY SCHOOLS

85 PEACHTREE STREET SPARTA, NC 28675

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 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.

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

fax: (833) 256-1665 or (202) 690-7442; or

email: program.intake@usda.gov

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