

IMPORTANT INFORMATION: PLEASE READ !!!

WOODLAND HILLS SCHOOL DISTRICT APPLICATION FOR FREE AND REDUCED-PRICE MEALS



**YOU NEED TO COMPLETE ONLY ONE MEAL APPLICATION PER FAMILY.
ANY FOSTER CHILDREN SHOULD BE ON A SEPARATE APPLICATION.**



Families that have children attending a public school district can apply for free or reduced price school meals through the National School Lunch Program using the Internet! This can be done using COMPASS. COMPASS allows Pennsylvanians to apply for social service programs, such as Food Stamps (FS), Temporary Assistance for Needy Families (TANF), Energy Assistance, Children's Health Insurance Program (CHIP), etc., online. Families can use COMPASS to apply for free or reduced price school meals only, or they can apply for other services at the same time (FS, TANF, etc.). Since your child attends the Woodland Hills School District, which is a public school district, you can apply for free or reduced school meals online by going to the COMPASS website at www.compass.state.pa.us or you can use the paper "Household Meal Benefit Application" if you prefer. **If you apply for free or reduced price school meals through COMPASS, you do not need to submit a paper application.**

TO INSURE THAT YOUR MEAL APPLICATION IS APPROVED, YOU MUST COMPLETE THE FOLLOWING INFORMATION LISTED BELOW. IF THIS INFORMATION IS MISSING, YOUR APPLICATION WILL BE DENIED AND RETURNED.

- YOU MUST LIST ALL YOUR CHILDREN ATTENDING WOODLAND HILLS SCHOOL DISTRICT UNLESS THEY ARE FOSTER CHILDREN, WHICH REQUIRES A SEPARATE APPLICATION FOR EACH FOSTER CHILD.
- LIST ALL HOUSEHOLD MEMBERS IN PART 4, THE SOURCE OF INCOME FOR ALL INCOME REPORTED, FOR EXAMPLE: WAGES, SSI, CHILD SUPPORT AS WELL AS THE FREQUENCY OF THE INCOME, FOR EXAMPLE: WEEKLY, BI-WEEKLY OR MONTHLY.
- YOU MUST LIST A FOOD STAMP OR TANF NUMBER (TEMPORARY ASSISTANCE TO NEEDY FAMILIES) IF YOU DO NOT RECEIVE INCOME. *PLEASE NOTE:* YOUR FOOD STAMP OR TANF NUMBER IS NOT YOUR ACCESS CARD NUMBER (EXAMPLE OF TANF#: 02-3344556).
- YOU MUST SIGN THE APPLICATION AND INCLUDE AN ADULT SOCIAL SECURITY NUMBER OF THE PERSON SIGNING THE APPLICATION.
- **EVERY STUDENT WILL RECEIVE AN APPLICATION ON THE FIRST DAY OF SCHOOL. IF YOU FEEL YOU DO NOT QUALIFY, OR HAVE ALREADY RECEIVED A DIRECT CERTIFICATION LETTER THIS SUMMER, YOU ARE NOT REQUIRED TO FILL OUT AN APPLICATION.**
- ALL STUDENTS WHO WERE ON THE FREE AND REDUCED LUNCH AND BREAKFAST PROGRAM LAST JUNE IN THE WOODLAND HILLS SCHOOL DISTRICT ARE ELIGIBLE FOR BREAKFAST AND LUNCH, STARTING WITH THE FIRST DAY OF SCHOOL. **A NEW APPLICATION MUST BE FILLED OUT AND SUBMITTED PRIOR TO OCTOBER 5, 2009 OR THE STUDENTS WILL BE REMOVED FROM THE PROGRAM.**

Lunch applications can be sent in with your child to his/her school, or faxed to 412-256-3377, or mailed to: Lynn Sanker, Woodland Hills Administrative Offices, 2430 Greensburg Pike, Pittsburgh PA 15221-3666

If you have any questions, please give me a call at 412-731-1300, ext 0128

Thank you,
Lynn Sanker



Dear Parent/Guardian:

Children need healthy meals to learn. Woodland Hills School District offers healthy meals every school day. Breakfast costs \$1.30; lunch costs \$1.80 for K through 6th grades, \$1.95 for 7th and 8th grades, and \$2.10 at the High School. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. 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: Lynn Sanker, Woodland Hills Administrative Offices, 2430 Greensburg Pike, PA 15221 or Fax to: 412-256-3377.**

2. Who can get free meals? Children getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your child(ren) can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway, and migrant children get free meals? Please call **Lynn Sanker at 412-731-1300 ext. 0128** to see if your child(ren) qualify (ies), if you have not already been informed that they will get free meals.

4. Who can get reduced price meals? Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at **412-731-1300 ext. 0128** if you have questions.

6. 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.

7. Will the information I provide be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food Stamps or TANF. If you lose your job, your children may be able to get free or reduced price meals. Contact your school.

9. What if I disagree with the school's decision about my application? You should talk to your school officials. You also may ask for a hearing by calling or writing to: **Ms. Joyce Sullivan, 2430 Greensburg Pike, Pittsburgh, PA 15221 or phone 412-731-1300.**

10. 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 a U.S. citizen to qualify for free or reduced price meals.

11. 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). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **Lynn Sanker 412-731-1300 ext. 0128.**

Si necesita ayuda, por favor llame al teléfono **Lynn Sanker 412-731-1300 ext. 0128**

Si vous voudriez d'aide, contactez nous au numero **Lynn Sanker 412-731-1300 ext. 0128**

Sincerely,

Mr. Dan Breitreutz
Director of Food Service
2009-2010

Free and Reduced Price Meal Benefit Application
Letter to Households

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or TANF case number. (9 digits)
- Part 2:** Check the appropriate box, if any, **and contact Lynn Sanker 412-731-1300 ext. 0128**
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form. A Social Security Number is not necessary.
- Part 6:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, school, and grade.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income during last month.
- Column 1–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 2–How often did you get paid last month and what was the Gross amount.** Next to each person's name list each type of income received last month, and how often it was 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 other 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 Worker's Compensation, unemployment, strike benefits, regular saving account withdrawals, 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 3–Check if no income:** If the person does not have any income, check the box.
- Part 5:** 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 6:** Answer this question if you choose to.

Your child(ren) may qualify for free or reduced price meals if your household income falls within the limits of this chart.

FEDERAL INCOME CHART			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	\$26,955	\$2,247	\$519
3	\$33,874	\$2,823	\$652
4	\$40,793	\$3,400	\$785
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
Each additional person:	\$6,919	\$577	\$134

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 social security number of the 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 Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



MS. JOYCE SULLIVAN, BUSINESS MANAGER

BUSINESS OFFICE

2430 Greensburg Pike, Pittsburgh, PA 15221 • 412-731-1300

WOODLAND HILLS SCHOOL DISTRICT

RESTRICTIONS ON CHARGED LUNCHES FOR STUDENTS

During the course of the school year, the District will enforce a maximum charged lunch policy in its Intermediate and Secondary school cafeterias. These students shall be permitted to charge no more than three (3) lunches at one time. Once a student has reached or exceeded the three (3) charged limit, if the student wishes to charge another lunch the student will receive a “basic lunch” (consisting of one peanut butter and jelly sandwich, one serving of a vegetable and/or fruit and choice of milk) instead of the standard lunch items being served. The “basic lunch” components will still meet all of the applicable state and federal requirements. The student will continue to receive and be charged for the “basic lunch” until all previous charges have been paid.

This policy will be announced to families in the District at the beginning of the school year and will accompany the application for the free or reduced lunch program.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #
			- _____
			- _____
			- _____
			- _____
			- _____

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child - If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. 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	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly _____	\$150/weekly _____	\$100/monthly _____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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 child(ren) may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

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

<u>Mark one or more racial identities:</u>		<u>Mark one ethnic identity:</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	

Don't fill out this part. This is for 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: _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Categorical Eligibility: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verification Date: _____ Follow-up Date: _____ Results: _____

Follow-up Official's Signature: _____ Date: _____