

**2018 - 2019 Brandywine School District Meal Benefit Form**

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

Directions on reverse.

Apply online at <https://schoolcafe.com>

**STEP 1 — All Children in School in the Household**

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 School Meals** for more information.

| Last Name | First Name | MI | Birth Date          | School Name | Grade | Foster                   | Homeless                 | Migrant                  | Runaway                  |
|-----------|------------|----|---------------------|-------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|           |            |    | M M - D D - Y Y Y Y |             |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |            |    | M M - D D - Y Y Y Y |             |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |            |    | M M - D D - Y Y Y Y |             |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           |            |    | M M - D D - Y Y Y Y |             |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

Case Number: \_\_\_\_\_

If you answered **NO** > Go to STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

**STEP 3 — All Household Member Income** (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Household Member Name<br>(First and Last) | Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly |            |   |   |   |   |            |   |   |   |  |            |   |   |   |    |  |  |  |  |
|---|--|------------|---|---|---|---|------------|---|---|---|--|------------|---|---|---|----|--|--|--|--|
|   | Earnings from Work   | How Often? |   |   |   | Public Assistance / Child Support / Alimony | How Often? |   |   |   | Pensions / Retirement / All Other Income | How Often? |   |   |   |    |  |  |  |  |
|   |  | W          | E | T | M |   | W          | E | T | M |  | W          | E | T | M |    |  |  |  |  |
|   | \$   |            |   |   |   | \$  |            |   |   |   | \$                                       |            |   |   |   | \$ |  |  |  |  |
|   | \$   |            |   |   |   | \$  |            |   |   |   | \$                                       |            |   |   |   | \$ |  |  |  |  |
|   | \$   |            |   |   |   | \$  |            |   |   |   | \$                                       |            |   |   |   | \$ |  |  |  |  |
|   | \$   |            |   |   |   | \$  |            |   |   |   | \$                                       |            |   |   |   | \$ |  |  |  |  |
|   | \$   |            |   |   |   | \$  |            |   |   |   | \$                                       |            |   |   |   | \$ |  |  |  |  |

Total Household Size (Children and Adults) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member \*\*\* - \*\* - \_\_\_\_\_ Check if no SSN

**STEP 4 — Contact Information and Adult Signature**

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

Street Address (if available) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Email \_\_\_\_\_


**STEP 5 — Sharing Information**

- NO! **DO NOT** want information from my Free and Reduced Price Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. **IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.**
- YES! The School Nutrition Office may share information from this application for school meal benefits with Title 1, dental/vision examinations, and with School Counselors and Principals for fee waivers associated with SAT, ACT/AP Exams, IB Exams, Delaware College Prep Program, and/or verification for College Applications.

**OPTIONAL — Children's Racial and Ethnic Identities**

**Ethnicity (check one):**  
 Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**  
 American Indian or Alaskan Native  
 Black or African American  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 White



**DO NOT 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

Household Size: \_\_\_\_\_ Categorical \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Determining Official's Signature: x \_\_\_\_\_ Date: \_\_\_\_\_  
 Total Income: \_\_\_\_\_ Per \_\_\_\_\_ Week \_\_\_\_\_ Every 2 weeks \_\_\_\_\_ Monthly \_\_\_\_\_ Bimonthly \_\_\_\_\_ Confirming Official's Signature: x \_\_\_\_\_ Date: \_\_\_\_\_  
 Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Verifying Official's Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Parent or Guardian:**

The Brandywine School District takes part in the National School Lunch Program/School Breakfast Program/After School Snack Program. Nutritious meals are served every school day. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. Elementary students may buy lunch for **\$1.50** and breakfast for **80 cents**. Secondary students may buy lunch for **\$1.75** and breakfast for **\$1.00**. You encourage you to prepay for school meals. Please visit [www.schoolcafe.com](http://www.schoolcafe.com) and set up an account to pay on line or make checks payable to **BSD School Nutrition**. Children from households that meet Federal Income guidelines are eligible for free meals or reduced price meals at **40 cents** for lunch and **30 cents** for breakfast. You may also prepay for reduced price meals.

**Income Guidelines Reduced Price Meals Effective July 1, 2018 to June 30, 2019**

| Family Size                           | Yearly   | Monthly | Twice Per Month | Every 2 weeks | Weekly  |
|---------------------------------------|----------|---------|-----------------|---------------|---------|
| 1                                     | \$22,459 | \$1,872 | \$936           | \$864         | \$432   |
| 2                                     | \$30,451 | \$2,538 | \$1,269         | \$1,172       | \$586   |
| 3                                     | \$38,443 | \$3,204 | \$1,602         | \$1,479       | \$740   |
| 4                                     | \$46,435 | \$3,870 | \$1,935         | \$1,786       | \$893   |
| 5                                     | \$54,427 | \$4,536 | \$2,268         | \$2,094       | \$1,047 |
| 6                                     | \$62,419 | \$5,202 | \$2,601         | \$2,401       | \$1,201 |
| 7                                     | \$70,411 | \$5,868 | \$2,934         | \$2,709       | \$1,355 |
| 8                                     | \$78,403 | \$6,534 | \$3,267         | \$3,016       | \$1,508 |
| For each additional household member: | \$7,992  | \$666   | \$333           | \$308         | \$154   |

**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 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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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, audiotope, 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: 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS**

You only need to submit one application per household, even if your children attend more than one school in Brandywine School District. The application must be filled out completely to certify your children for free or reduced price school meals. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact the School Nutrition Office at 302-529-3110 ext. 228. **PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

**STEP 1: LIST ALL CHILDREN IN SCHOOL IN THE HOUSEHOLD.**

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. **Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.

- List each student's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- Are any children homeless, migrant, runaway, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?**

- IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.**
- IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the case number.** You only need to write one case number. If you participate in one of these programs and do not know your case number, contact **Delaware Division of Social Services**. You must provide a case number on your application if you circled "YES". **Skip to STEP 4.**

**STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.**

- LIST ALL HOUSEHOLD MEMBERS (including yourself and students listed in Part 1) who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own. Do not include people who live with you but are not supported by your household's income AND do not contribute income to your household.**
- REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
  - **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
  - **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.
- PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- PRINT AND SIGN YOUR NAME.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."
- Write Today's Date in the space provided.
- SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

**STEP 5: Sharing Information- Please check off information you wish Not to Share and/or information you wish to Share****You will be notified when the meal benefit form is approved or denied.**

**APPEAL:** If you do not agree with the District's decision on your form or the result of verification, you may wish to discuss it with school officials. You also may have the right to a fair hearing. This can be done by a written request to the Brandywine School District Official: Dr. Mark Holodick, Superintendent, Brandywine School District ■ 1311 Brandywine Blvd ■ Wilmington, Delaware 19809 **CONFIDENTIALITY:** We will use the information on your form to decide if your child qualifies for free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes, such as verify Title I eligibility. **REAPPLICATION:** You may apply for benefits anytime during the school year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed, or receive Supplemental Nutrition Assistance Program (SNAP) or Delaware Temporary Assistance for Needy Families (DE-TANF) for your child, fill out a form at that time.