

2006-2007 School Year

Dear Parent/Guardian:

The Caesar Rodney Child Nutrition Department welcomes your children to the 2006 - 2007 school year. Families are encouraged to place money in their children's cafeteria account to use for payment for breakfast and/or lunch. Having money on account prevents forgotten or lost money, speeds up the meal lines, and allows your children more time to enjoy their meal.

**The Meal Benefit Form for free and reduced meals has a few changes.** Please read the directions thoroughly and note the change in reporting income. You must now indicate the amount of earnings **and** how often you receive those earnings.

You will complete **ONLY ONE FORM PER FAMILY**. You may receive more than one form if you have more than one child, but only one form, **listing all household members (all children and all adults (friends and relatives) living at your address)**, is to be returned per family. Please return the Meal Benefit Form as soon as possible to your child's school.

**It is very important that you complete the form correctly, as we are unable to process incomplete or incorrect forms.** Returning the form promptly will ensure children receive the benefits for which they are eligible. Should you have any questions, please call the Child Nutrition Office at 697-4978. I hope your children have a very successful school year.

If you are interested in the Children's Health Insurance Program (C.H.I.P.), please call 1-800-996-9969.

Sincerely,

*Wendy S. Failing*

Wendy S. Failing  
Child Nutrition Supervisor

**CAESAR RODNEY SCHOOL DISTRICT**  
**219 Old North Road, P.O. Box 188, Wyoming, DE 19934 - 302-697-4978**  
**NATIONAL SCHOOL LUNCH PROGRAMS/SCHOOL BREAKFAST PROGRAM – 2006-2007**

Dear Parent or Guardian:

The Caesar Rodney School District schools offer a choice of healthy meals each school day. Children may buy meals at the following rates:

GRADE	FULL PRICE		REDUCED PRICE		FREE BENEFITS	
	Breakfast	Lunch	Breakfast	Lunch	Breakfast	Lunch
PK-5	60 cents	\$1.00	30 cents	40 cents	No Cost	No Cost
6-8	70 cents	\$1.10	30 cents	40 cents	No Cost	No Cost
9-12	70 cents	\$1.25	30 cents	40 cents	No Cost	No Cost

**1. Do I need to fill out a Meal Benefit Form for each child?** No. Complete the meal benefit form to apply for free or reduced price meals. Use one Free and Reduced Price School Meal Benefit Form for all students in your household. We cannot approve a Meal Benefit Form that is not complete, so be sure to fill out all required information. **Return the completed Meal Benefit Form to your child's school office.**

**2. Who can get free meals?** Children in households getting Food Stamps or DE-TANF and most foster children can get free meals regardless of your income. Also, your children can get free price 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?** If you have not already been informed that your children will get free meals; contact Jackie Young (homeless information) or Janice Parsons (migrant information) at 697-2173 to see if your children qualify.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown below on this Meal Benefit Form.

**5. Should I fill out a Meal Benefit Form if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you received carefully and follow the instructions. Call the Child Nutrition Office at 697-4978 if you have questions.

**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 fill out a Meal Benefit Form.

**7. Will the information I give 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 getting Food Stamps, DE-TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my Meal Benefit Form?** You should talk to Wendy Failing at 697-4978. You also may ask for a hearing by calling or writing to: Dr. Harold E. Roberts, Superintendent, 219 Old North Road, P.O. Box 188, Wyoming, DE 19934, or telephone 697-2173.

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children 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.

Household Size	Yearly	Monthly	Weekly	<b>INCOME CHART</b>  If your household income is the same or less than the amounts on this chart, your children are eligible for either free or reduced price meals. (Effective from July 1, 2006 to June 30, 2007)
1	\$18,130	\$1,511	\$ 349	
2	\$24,420	\$2,035	\$ 470	
3	\$30,710	\$2,560	\$ 591	
4	\$37,000	\$3,084	\$ 712	
5	\$43,290	\$3,608	\$ 833	
6	\$49,580	\$4,132	\$ 954	
7	\$55,870	\$4,656	\$1,075	
8	\$62,160	\$5,180	\$1,196	
For each additional household member add:	+\$6,290	+\$525	+\$121	<b>Remember, you must report the total income amount <i>BEFORE</i> taxes, social security, health benefits, union dues, or other deductions are made.</b>

**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 Meal Benefit Form. 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 Meal Benefit Form. 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 (DE-TANF) Program case number for your child or when you indicate that the adult household member signing the Meal Benefit Form 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, gender, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

If you have other questions or need help, call **302-697-4978**.  
*Si necesita ayuda, por favor llame al teléfono: 302-697-4978.*  
*Si vous voudriez d'aide, contactez nous au numero: 302-697-4978.*

## INSTRUCTIONS FOR APPLYING

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

**Part 1:** List child(ren)'s name, school, grade, and a Food Stamp or DE-TANF 10 digit case number. **Your case number is not the number on your EBT card.** If you do not know your case number, please call your case worker.

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

**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 HOMELESS OR MIGRANT CHILDREN:**

**Check the appropriate box and contact Jackie Young (homeless liaison) or Janice Parsons (migrant coordinator) at 697-2173 if you have any questions. Fill out Meal Benefit Form by following instructions for ALL OTHER HOUSEHOLDS.**

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

**Part 1:** Use a separate Meal Benefit Form 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 from 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 –Gross income last month and how often it was received.** 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 public assistance, child support, alimony, pensions, (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, 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.

### INCOME TO REPORT

<u>Earnings from Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Monthly Income/Self-Employment</u>
Wages/Salaries/Tips	Pensions	Disability Benefits
Strike Benefits	Supplemental Security Income	Cash Withdraw from Savings
Unemployment Compensation	Retirement Income	Interest/Dividends
Worker's Compensation	Veteran's Payments	Income from Estates/Trusts/Investments
Net Income from Self-Owned business or day care business or farm	Social Security	Regular Contributions from Persons Not Living in the Household
<u>Public Assistance/Child Support/Alimony</u>		Net Royalties/Annuities/Net Rental Income
DE-TANF		Military Allowance for Off-Base Housing
Alimony/Child Support Payments		Any Other Income

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**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, gender, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

DID YOUR CHILDREN RECEIVE FREE OR REDUCED MEALS IN THE CAESAR RODNEY SCHOOL DISTRICT LAST YEAR? YES \_\_\_ NO \_\_\_

**CAESAR RODNEY SCHOOL DISTRICT CHILD NUTRITION  
MEAL BENEFIT FORM FOR 2006-2007 SCHOOL YEAR**

**Complete, sign and return form to the school. Please read the instructions. If you need help, please call 697-4978.**

**Part 1. Children in School (You must use a separate Meal Benefit Form for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or DE-TANF case # (if applicable). <b>NO EBT #'s.</b> <b>Skip to Part 5 if you list a Food Stamp or DE-TANF case #.</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway, please check the appropriate box.** Please contact Jackie Young (homeless liaison) or Janice Parsons (migrant coordinator) at 697-2173 if you have any questions.  Homeless  Runaway  Migrant

**Part 3. Foster Child:** If this Meal Benefit Form is for a child who is the legal responsibility of a DCYF agency or court, check this box  then list the amount of the child's personal use monthly income \$ \_\_\_\_\_. If none write 0 (zero). Skip to Part 5.

**Part 4. Total Household Gross Income: You must tell us how much and how often you get paid.**

1. Name (List everyone living in the house - yourself, all children, relatives and/or friends)	2. Gross income (before deductions) and how often it is 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	Public Assistance, child support, alimony	Pensions, retirement Social Security	All Other Income	
<i>Example: Jane Doe</i>	\$ 200 / weekly	\$ 200 / weekly	\$ 200 / weekly	\$ 200 / weekly	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a month x 24, Monthly x 12

**Part 5. Signature and Social Security Number (Adult must sign below.)**

An adult household member must sign the MBF. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number 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 MBF 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 children may lose meal benefits, and I may be prosecuted.*

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

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

<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: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_