

ARCHDIOCESE OF PHILADELPHIA

Nutritional Development Services
111 South 38th Street
Philadelphia, PA 19104



September 2010

Dear Parent or Guardian:

Children need healthy meals to learn. Your School **offers healthy meals every** school day. Breakfast costs \$.75; lunch costs \$1.90 for elementary and \$2.00 for Junior High; snacks costs \$.50. Extra milk may be purchased for \$.40. However, your *children* may qualify for free meals or for reduced price meals. Reduced price is \$.30 for *breakfast*, \$.40 for *lunch* and \$.15 for *snack*.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the school. Families can also apply online for free or reduced school meals, and other assistance benefits, at www.compass.state.pa.us** (See reverse for instructions).

Here are answers to questions you may have about applying:

- 1. Do I need to fill out an application for each child?** No. Use one Free or Reduced Price Household Application for all students in your household. Use a Separate application for each foster child. Be sure to fill out all required information.
- 2. Who can receive free meals?** All children in households receiving benefits from the **Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF)** and most foster children can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children receive free meals?** Please call your school to see if your child(ren) qualify(s), if you have not been informed that they will receive free meals.
- 4. Who can receive reduced price meals?** Your children can receive low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.
- 5. Should I fill out an application if I received a letter this school year saying my children are approved for free?** Please read the letter you received carefully and follow the instructions. Call your school if you have questions.
- 6. My child's application was approved last year. Do I need to fill out another 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.
- 7. I receive WIC. Can my child(ren) receive free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 9. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.
- 10. 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: Nutritional Development Services at the address at the top of this letter, or (215)895-3470. Please ask for **Ruth Quintana-Camargo**.
- 11. 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 U.S. citizens to qualify for free or reduced price meals.
- 12. 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.
- 13. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime, include it. If you only received overtime occasionally do not include it. 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.**
- 14. We are in the military, do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 15. My spouse is deployed to a combat zone. Is his or her combat pay counted as income?** No, if the combat pay is received in addition to basic pay because of the deployment and it wasn't received before he or she was deployed, combat pay is not counted as income. Contact us for more information at 215-895-3470
- 16. My family needs more help. Are there other programs we might apply for?** To find out how to apply for **SNAP** or other assistance benefits, contact your local county assistance office or call **1-800-692-7462** (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, call (215) 895-3470 and ask for **KrisCynthia Smith**
Si necesita ayuda, por favor Llame al teléfono: (215) 895-3470 y pregunta por **KrisCynthia Smith**
Si vous voudriez d'aide, contactez nous au numero: (215) 895-3470 et de demander **KrisCynthia Smith**

Sincerely,

Erinn Hill
Administrator School Based Programs

INSTRUCTIONS FOR APPLYING ON-LINE

Go to: WWW.COMPASS.STATE.PA.US

Click on “Apply for Benefits” on the right side of the screen.

Read details and click “continue.”

Read the General Information and click “next.”

After you read What To Expect, click “next.”

After you read the Terms, click “next.”

After selecting the description that applies to you, click “next.”

Pick a password, scroll down and answer the 3 questions.

Answer the questions on the application.

To find your child’s school, look under PAROCHIAL schools because the Archdiocese of Philadelphia is the sponsor of your child’s Lunch Program.

Submit your application.

If you have any problems filling out this application in COMPASS please call the help desk at 1800-692-7462

If you completed the electronic application successfully, you **should not** need to send a paper application to your school.

Nutritional Development Services will notify you of your status by sending a letter to your school.

**FREE AND REDUCED PRICE SCHOOL MEALS/SNACK FAMILY APPLICATION
PLEASE PRINT**

Site # _____

Part 1. ALL HOUSEHOLD MEMBERS (Use a separate application for each Foster Child) If you need to add more names, please attach another sheet of paper with the additional names.

Names of household members			Date of birth	School Name for	Grade	SNAP or TANF nine digit CASE number	BOX MUST BE CHECKED IF NO INCOME
Last	First	Middle Initial	Student(s) Applying Only	Each Child		for any member of the household. if you list a case number skip to Part 5.	
						_____ - _____	<input type="checkbox"/>
						_____ - _____	<input type="checkbox"/>
						_____ - _____	<input type="checkbox"/>
						_____ - _____	<input type="checkbox"/>
						_____ - _____	<input type="checkbox"/>
						_____ - _____	<input type="checkbox"/>

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your homeless liaison or migrant coordinator at your school. 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: \$ _____. Check if no income Skip to Part 5.

Part 4. Total Household Gross Income ---You Must tell us how much and how often.
If no one in your household is receiving any income, please attach a letter explaining how you are living.

1. Name (List all household members with income)	2. Gross Income and how often it was received			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other Income
(Example) Jane Smith	\$199.99 / weekly	\$149.99 / every other week	\$99.99 / monthly	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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 also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below.)

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 children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print Name: _____

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

Address: _____

City/State/Zip: _____

Home phone No.: (____) _____ Work phone No.: (____) _____ Date: _____

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

Choose one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American
--	---

DO NOT WRITE BELOW THIS LINE. 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 for Denial: Income too high _____

Incomplete Application _____ Other _____

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

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Date Verification Notice Sent: _____ Response due from household: _____ Second notice sent: _____

Verification Result: No change: _____ Free/ Reduced Price: _____ Free/Paid: _____ Reduced Price/Free: _____ Reduced Price/Paid: _____

Reason for Change: Income: _____ Household size: _____ Refuse to Cooperate: _____ Change in SNAP/TANF status: _____

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 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 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 (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."



September 2010

Dear Parent or Guardian:

To apply for free and reduced price meals/snacks, complete one Meal Benefit Application for all children attending school using the following instructions. Sign and return the Meal Benefit Application to the school. If you have any questions, please contact **KrisCynthia Smith** at (215) 895-3470.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

If your household receives benefits from **Supplemental Nutrition Assistance Program (SNAP)** or **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**, follow these instructions:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) those receiving SNAP or TANF benefits.

Part 2: Skip this part.

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 NO ONE IN YOUR HOUSEHOLD GETS **SNAP** OR **TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

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, if the child has no income, check the box "no income."

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 all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. **If no one in your household is receiving any income, please attach a letter explaining how you are living.**

Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer this question if you choose to.