



**Central Fulton School District**  
151 East Cherry Street, McConnellsburg, PA 17233

**2011-2012 SCHOOL YEAR**

Dear Parent or Guardian,

We will be starting a new school year. We would like to make the following suggestions to get your Childs money to the cafeteria safely:

1. Please put monies in an envelope. (The school will provide envelopes.)
2. Please put your child's full name on the envelope. (We sometimes have 10 Jims and don't know whose account to enter the money into.)
3. Please put amount of money enclosed on the envelope. Money can be sent in weekly or monthly increments. Example: lunch price \$1.75 x 5 = \$8.75/week
4. Please try to send checks when possible. This ensures that you have proof that money was sent. Also checks are more reliable if you have to prove that you have paid your child's bills.

Some other cafeteria reminders are:

1. At any time during the year, you may apply for free or reduced meals. If you need another application, please call 717-485-4438, ext. 7074 and I will see that you get an application. If you need assistance with completing the form, just call. I will be more than happy to help you complete your forms.
2. You may also go to the website [www.compass.state.pa.us](http://www.compass.state.pa.us) to complete a form on-line. We get your forms from on-line as well.
3. ALL INFORMATION IS KEPT CONFIDENTIAL!!! There is no need to worry that someone knows that you are applying for free/reduced meals.
4. Please try to return applications as soon as possible, which means your child could be getting meals at free or reduced prices sooner.
5. You only need to complete one (1) application per household.
6. Also, you may go to our website to see what your child is eating, or if your money has gotten into your child's account. The website is [www.myschoolaccount.com](http://www.myschoolaccount.com). You will need your child's student ID for this. If your student ID does not work, just call the number above.

Sometimes it is necessary to change their number in the cafeteria and the student ID will not work. Also, when I send student statements in the mail, the student ID that we use is in the top right hand corner.

If at any time during the year you have any questions concerning your child's meals or account, please feel free to contact us at 717-485-4438, ext. 7074 or 7040.

Sincerely,

*Annette Gress*

Annette Gress, Food Service Coordinator

Adam Carlson, Food Service Director



# Central Fulton School District

151 East Cherry Street, McConnellsburg, PA 17233

## 2011-2012 SCHOOL YEAR

Dear Parent/Guardian:

Children need healthy meals to learn. The Central Fulton School District offers healthy meals every school day. Breakfast costs .85¢; lunch costs are as follows: Kindergarten \$1.35 – Elementary \$1.50 – Middle/High School \$1.75. Your children may qualify for free meals or for reduced price meals. Reduced price is .30¢ for breakfast and .40¢ for lunch.

### Frequently Asked Questions:

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. 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: Annette Gress at 151 East Cherry Street, McConnellsburg, PA 17233.
2. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not, who share income and expenses.
3. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits of the Federal Income Eligibility Guidelines.
4. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income and should be included on the household application. They are no longer considered a household of one.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 717-485-7074 and ask for Annette 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 30 operating days of this school year. You must send in a new application by **October 6, 2011** unless the school told you that your child has been directly certified for free meals for the new school year.
7. **I GET WIC; CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced meals. Please fill out an application.
8. **WILL THE INFORMATION I GET BE CHECKED?** Yes, and 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. 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.
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: Dwayne D. Northcraft, Superintendent, 151 E Cherry Street, McConnellsburg, PA 17233
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. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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.
13. **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.
14. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE, IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of their deployment and it wasn't received before they were deployed, combat is not counted as income. Contact your school for more information.
15. **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 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 717-485-7074.

Si necesita ayuda, por favor llame al teléfono, 717-485-7074.

Si vous voudriez d'aide, contactez nous au numero, 717-485-7074.

Your child may qualify for reduced price or free meals if your household income falls at or below the limits on this chart:

<b>FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2011-2012</b>			
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	+\$7,067	+\$589	+\$136

Sincerely,



Dwayne D. Northcraft,  
District Superintendent

# INSTRUCTIONS FOR APPLYING

June 6, 2011

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

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:** Skip this part.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Angela Marshall at 717-485-7008.
- Part 3:** Complete child's name, grade and school the child attends only if a child in your household is eligible under Part 1. Complete entire section if Part 1 was skipped.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you don't need to fill in Part 3.
- Part 5:** Answer this question if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS.

If all children in the household are foster children:

- Part 1:** Skip this part.
- Part 2:** Skip this part.
- Part 3:** List all foster children and the name of school each child attends. Check the box indicating the child is a foster child. Include the grade of the school aged child.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5:** Answer this question if you choose.

If some of the children in the household are foster children:

- Part 1:** If the household does not have a case number, skip this part.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Angela Marshall at 717-485-7008. If not, skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1 – Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the “No Income” box. Check the box if the child is a foster child. Include the income for the household members who have income. Include the grade of the school aged child.
  - **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 employer 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses (NET income). 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.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question, if you choose.

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**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

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**Part 1:** If the household does not have a case number, skip this part.

**Part 2:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Angela Marshall at 717-485-7008. If not, skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the “No Income” box. Include the grade of the school aged child.
- **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 employer 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses (NET income). 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.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question, if you choose.



	<input type="checkbox"/>						<input type="checkbox"/>
	<input type="checkbox"/>						<input type="checkbox"/>

**Part 4: SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the bottom 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 children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Last four digits of Social Security # \*\*\*-\*\*-\_\_\_\_  I do not have a Social Security #

**Part 5: Children's Ethnic and Racial Identities (OPTIONAL)**

Choose one ethnicity:

Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian  American Indian or Alaska Native  Black or African American

White  Native Hawaiian or Other Pacific

**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

Total Income: \_\_\_\_\_ Per:  Week  Every Two 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 Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Cannot be Determining Official)

Signature of School Employee Completing Verification: \_\_\_\_\_ Date: \_\_\_\_\_

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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 or 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.

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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, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."