Dear Parent/Guardian:

Children need healthy meals to learn. [Central Greene School District] offers healthy meals every school day. Breakfast costs [$1.20], lunch costs [WCES $2.15, MS/HS $3.25]. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is [$0.35] for breakfast and [$0.40] for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?
   - All children in households receiving Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
   - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school’s Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,311</td>
<td>1,943</td>
<td>397</td>
</tr>
<tr>
<td>2</td>
<td>30,044</td>
<td>2,504</td>
<td>576</td>
</tr>
<tr>
<td>3</td>
<td>37,777</td>
<td>3,149</td>
<td>727</td>
</tr>
<tr>
<td>4</td>
<td>45,510</td>
<td>3,792</td>
<td>816</td>
</tr>
<tr>
<td>5</td>
<td>53,242</td>
<td>4,437</td>
<td>924</td>
</tr>
<tr>
<td>6</td>
<td>60,976</td>
<td>5,082</td>
<td>1,117</td>
</tr>
<tr>
<td>7</td>
<td>68,709</td>
<td>5,726</td>
<td>1,352</td>
</tr>
<tr>
<td>8</td>
<td>76,442</td>
<td>6,371</td>
<td>1,471</td>
</tr>
<tr>
<td>Each additional person</td>
<td>7,723</td>
<td>645</td>
<td>149</td>
</tr>
</tbody>
</table>

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail [Tammy Mandich at 724-627-8151 ext. 1232 or e-mail tmandich@cgasd.org].

3. 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 [Holly Johnson, 30 Zimmerman Dr. Waynesburg, PA 15370 724-852-1050 ext. 3243].

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact [Holly Johnson, 30 Zimmerman Dr. Waynesburg, PA 15370 724-852-1050 ext. 3243 or e-mail hjohnson@cgasd.org] immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.cgsd.org] or visit the PA Department of Human Services website at www.compass.state.pa.us.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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 GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

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: Holly Johnson, 30 Zimmerman Dr., Waynesburg PA 15370, 724-852-1050 ext. 3243 or e-mail hjohnson@cgasd.org

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply 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 $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 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. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may be counted as income. If one income is left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Holly Johnson, 30 Zimmerman Dr., Waynesburg PA 15370, 724-852-1050 ext. 3243 or e-mail hjohnson@cgasd.org to receive a second application.

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 visit www.compass.state.pa.us, contact your local assistance office or call 1-800-692-7462.

If you have other questions or need help, call 724-852-1050 ext. 3243.

Sincerely,

[Mr. James Shargota, Business Manager, Central Greene School District]

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 (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (name 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, (AD-1027) found online at 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:

(1) Mail U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) Fax (202) 690-7442

(3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider

2017-2018 SY
HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS or SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in [School District]. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order. 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 [School/school district contact here; phone and email preferred].

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

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, or runaway youth;
- Students attending [school/school system here], regardless of age.

A) List each child'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.

B) Is the child a student at [name of school/school system here]? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here]. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) 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.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:
- The Supplemental Nutrition Assistance Program (SNAP);
- The Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the above listed programs:
- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-877-395-8930 or your local assistance office.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?
- Use the charts titled "Sources of income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes.
Please provide your contact information. You are also required to sign the application.

[Signature]

Date: [Date]

Additional Notes:

The information provided is subject to verification.

If you have any questions, please contact us.

[Contact Information]
2017-2018 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child’s First Name  MI  Child’s Last Name

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

IF NO  Go to STEP 3    IF YES  Write a case number here then go to STEP 4 (Do not complete STEP 3)

STEP 3 Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

A. Child Income
   Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
   List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they receive income, report total gross income (before taxes) from each source in whole dollars (no cents) only.

If no income is received from any source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (swearing) that there is no income to report.

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

STEP 4 Contact Information and Adult signature

MAIL COMPLETED FORM TO YOUR CHILD’S SCHOOL

I certify (swearing) 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 child(ren) may lose benefits and I may be prosecuted under applicable State and Federal laws.

Printed name of adult signing the form

Signature of adult

Today’s date