

Este formulario está disponible en español. Llame al teléfono: (850) 245-3865

Florida State University School – Florida High

3000 School House Road

Tallahassee FL 32311

Main Phone: (850) 245-3700 Tomahawk Café Office: (850) 245-3865

July 1, 2009

Dear Parent/Guardian:

Children need healthy meals to learn. **The Tomahawk Café at FSUS** offers healthy meals every school day.

Breakfast costs **\$1.25(grades K-5)/\$1.65(grades 6-12)**. Lunch costs **\$2.15 (grades K-2) / \$2.35 (grades 3-5) / \$2.50 (grades 6-12)**. Your child (ren) may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. **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. Complete the application to apply for free or reduced price meals. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Linda J. Searight, Food Service Director, Tomahawk Café, 3000 School House Rd., Tallahassee FL 32311, (850) 245-3865.*
2. **Who can get free meals?** *Children in households getting Food Stamps or 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?** *Please call the Tomahawk Café at (850) 245-3865 to see if your child (ren) qualifies.*
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 Eligibility Chart, shown on this application.*
5. **I get WIC. Can my child (ren) get free meals?** *Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.*
6. **Should I fill out an application if my children received free or reduced price meals last year?** *Each family MUST submit a new application for each school year. All children in the family are to be listed on the application. Call the school at (850) 245-3865 if you have questions.*
7. **Will the information I give be checked?** *YES, we may ask you to send written proof at any time during the school year.*
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, 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 application?** *You should talk to school officials. You also may ask for a hearing by writing to: Jamie Mizell, Accounting Coordinator, 3000 School House Road, Tallahassee FL 32311.*
10. **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 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 who live 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: (1) 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. (2) How do we count the deployed household member?* *For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals.*
14. **My child got free or reduced price meals last year and our income has not changed. Do I have to fill out another application?** *YES. Your child's benefits will end on October 5, 2009, if we do not receive a new application before September 21, 2009. You will be responsible for paying for all meals until a new application is approved and entered into the lunch accounting system.*
15. **How long will my child get free or reduced price meals?** *Your child's benefits are good for the entire 2009-10 school year.*
16. **How will I be notified if my children are approved or not approved?** *Applications are approved within 10 business days of being received in the Tomahawk Café Office. You will receive a letter in the mail within 7 business days of the approval. If you do not receive your notice within 2-3 weeks, it is your responsibility to check with us by calling (850) 245-3865. Sometimes applications get lost or students fail to give them to the proper persons.*
17. **Double check your applications. Incomplete applications will not be processed. They will be returned to you to be completed.**

Sincerely,
Dr. Lynn Wicker, Director

If you have other questions or need help, call (850) 245-3700.
Si necesita ayuda, por favor llame al teléfono: (850) 245-3700.
Si vous voudriez d'aide, contactez nous au numero: (850) 245-3700.

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Please return FULLY COMPLETED application to Tomahawk Cafe Office – Not to the teacher.

(DETAILED DIRECTIONS ON LAST PAGE ! Please complete ONLY one application per family.)

Part A. Children In School (Use a separate application for each FOSTER child) (LIST ALL school children who live in your house and the name of the school that they attend.)												
Child's Full Name (First, Last and Middle Initial)	School Name	Grade	Food Stamp or TANF: List Case# for EACH child (Do Not enter EBT card #)									
			1	2	3	4	5	6	7	8	9	10
<i>(Example)</i> Johnny D. Smith	Florida High	6 th										
1.												
2.												
3.												
4.												
5.												
6.												

Part B. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the school at (850) 245-3700.

Homeless
 Migrant
 Runaway

Part C. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check here and then list the amount of the child's personal use monthly income: \$ _____. (Skip to Part E).

Part D. Total Household Gross Income—You must tell us how much you earn and how often you receive earnings.

#1 NAME – List everyone who lives in your house including children from Part A.	#2 - Gross income <u>and</u> how often it was received – weekly, every 2 weeks, 2 times a month, monthly Example: \$543/week or \$60/every 2 weeks or \$332/2x month or \$-0-				#3 Check this box if no income
	Earnings from work <u>before</u> deductions (GROSS INCOME)	Welfare, child support, alimony	Pensions, retirement Social Security	All Other Income -SSI, unemployment, rental income, VA benefits, disability, Workers Comp, any other income	
<i>(Example)</i> John D. Smith's.	1,297.93/2xmonth	90 /every 2 weeks	-0- /	175 /mo-VA benefits	
1.	/	/	/	/	<input type="checkbox"/>
2.	/	/	/	/	<input type="checkbox"/>
3.	/	/	/	/	<input type="checkbox"/>
4.	/	/	/	/	<input type="checkbox"/>
5.	/	/	/	/	<input type="checkbox"/>
6.	/	/	/	/	<input type="checkbox"/>
7.	/	/	/	/	<input type="checkbox"/>
8.	/	/	/	/	<input type="checkbox"/>
9.	/	/	/	/	<input type="checkbox"/>

Part E. Signature and Social Security Number (Adult must sign)

An ADULT HOUSEHOLD MEMBER MUST SIGN the application. If Part D is completed, the adult signing the form must also list his 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 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: _____

Mailing Address: _____ Home Phone: () _____

City: _____ Zip: _____ Work Phone: () _____

Social Security Number _____ - _____ - _____ I do not have a SS # Date: _____

(Do Not Detach from Application)
Fee Waiver and/or Reduction Request

(Activity Fee Waiver/ After-School Program Fee Waiver)

If you are requesting a fee waiver, the following information MUST be completed and this form turned in with your application.

I want school officials to share information from my child (ren)'s Free and Reduced Price School Meals Application with the following (please check all that apply):

1. ACTIVITY FEE WAIVER

This BOX must be checked and the form turned into the Food Services Office *no later than 30 days after enrollment* in order to be considered for an Activity Fee Waiver. For students who are enrolled to start school on August 24, this form must be turned into the Food Services Office no later than September 22, 2009.

2. AFTER-SCHOOL PROGRAM REDUCED FEE

This BOX must be checked in order to be considered for an After-School Program reduced fee.

3. EDUCATIONAL PROGRAM WAIVERS

This BOX must be checked in order for Free or Reduced Lunch Status to be released for non-federal Educational Programs, academic fee-waiver programs and research programs when that information is needed to permit your child to participate in the program. (Examples: FSUS sponsored research, FSU sponsored research, ACT/SAT fee-waivers, FSUS scholarships, etc.)

If you checked any of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

List all children attending Florida State University Schools – Florida High:

1. _____ 2. _____
 3. _____ 4. _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

For more information, you may call the Food Services Office at (850) 245-3865.

Part F. Children's racial and ethnic identities (optional)		
<u>Mark one or more racial identities:</u>		<u>Mark one ethnic identity:</u>
<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	

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART					
For School Year 2009-10					
Household size	Yearly	Monthly	Twice per Month	Every two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each Additional Person	6,919	577	289	267	134

!! SUBMIT APPLICATIONS ONLY TO THE *TOMAHAWK CAFÉ OFFICE* !!

If an application is incomplete, it cannot be approved and will be returned to you!

APPLICATION INSTRUCTIONS:

Families who receive TANF or FOOD STAMPS may complete an abbreviated application for their children. Please follow these instructions:

Part A: List child (ren)'s name, school, grade, and a Food Stamp or TANF case number for **every** child – even if it is the same number. Ditto marks are not acceptable. (Do NOT use EBT card number)

Part B: Check the appropriate box, if any.

Part C: Skip this part.

Part D: Skip this part.

Part E: Sign the form. A Social Security Number is not necessary. Application will not be processed without an adult signature.

FEE WAIVER REQUEST – this form must be completed in its entirety to be considered for a fee waiver.

Part F: Answer this question if you choose to.

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

Part A: Use a separate application for each foster child. List the child's name, school, and grade.

Part B: Skip this part.

Part C: Check the box and list the child's personal use monthly income, if any. Do not list child support payments received by foster family.

Part D: Skip this part.

Part E: Sign the form. A Social Security Number is not necessary. Application will not be processed without an adult signature.

FEE WAIVER REQUEST – this form must be completed in its entirety to be considered for a fee waiver.

Part F: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part A: List each child's name, school, and grade.

Part B: Check the appropriate box, if any.

Part C: Skip this part.

Part D: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **every** 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 welfare, 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. Every space must have a \$dollar\$ amount +or -0-. If all spaces are not marked, it will delay approval.

Column 3–Check if no income: If the person does not have any income, check the box.

Part E: 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. Application will not be processed without an adult signature.

FEE WAIVER REQUEST – this form must be completed in its entirety to be considered for a fee waiver.

Part F: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us. The disclosure of a social security number is voluntary; however, a social security number, or an indication of "none" is required for approval of the application. The social security number is required under provisions of the Richard B. Russell National School Lunch Act (NSLA). The social security number will only be used for the purpose of approving or verifying eligibility to receive Child Nutrition Program benefits.

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 discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.