

Parent or Guardian
Address

DEAR PARENT OR GUARDIAN,

Duval County Public Schools serves nutritious meals every school day. Students may buy lunch for \$1.60 in Elementary Schools and \$2.10 in Middle/High Schools. Students may buy breakfast for \$1.00 in Elementary Schools and \$1.25 in Middle/High Schools. Qualified students may also receive meals for free, or at a reduced price of \$0.30 for breakfast and \$0.40 for lunch.

To apply for free or reduced price meals, please read the instructions for completing the application on the reverse side of this letter. **You can also complete the application for meal benefits online. Go to www.duvalschools.org/static/students/lunch/index.asp and click on the link for the online application for meal benefits.**

We cannot approve an application that is not complete, so please be sure to fill out all of the required information and return it to the cafeteria manager of your student's school or fax the application directly to the Free and Reduced Department at 732-5157 located at 2924 Knights Lane East, Building 6, Jacksonville, FL 32216.

Please submit only ONE APPLICATION PER HOUSEHOLD!

Once you have been approved for benefits, they are good for the entire school year. However, the information on the application may be verified at any time during the year. If a household's circumstances change, the household may apply for benefits at any time during the year. Children of parents or guardians who become unemployed may be eligible for free or reduced price meals during the period of unemployment. WIC participants may also be eligible for free or reduced price meals. Foster children are eligible for free or reduced price meals regardless of the household income.

The Free and Reduced Department's main number is 732-5145. Please call this number if you have questions regarding free or reduced price meals. We are located at 2924 Knights Lane East, Building 6, Jacksonville, FL 32216.

Households may request a hearing to appeal the application decision. Please call 732-5145 if you wish to appeal the decision.

Si surge la necesidad por una aplicacion en Espanol, el telefono de contacto es - **904-732-5145**.

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 of the social security number of the adult household member who signs the application. The last four of 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 (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 US 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 at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

*All meals served meet nutritional standards as set by the U.S. Department of Agriculture. If your child has a disability as defined by **the Americans With Disability Act**, and that disability prevents your child from eating the regular school meals, the school will make any substitutions prescribed by a medical professional at no extra charge. The school is not required to make a substitution for a food allergy unless the allergy meets the definition of disability. If you believe your child needs substitutions because of a disability, please contact the cafeteria manager at your child's school for further information.*

~ I N S T R U C T I O N S ~

2011 - 2012 FAMILY APPLICATION FOR MEAL BENEFITS (Please use BLUE or BLACK ink only to complete the application)

You can also complete the application for meal benefits online. Go to www.duvalschools.org/static/students/lunch/index.asp and click on the link for the online application for meal benefits.

PART 1

List all students in household currently attending Duval County Public Schools. You must include last name, first name, date of birth, name of the school the child will be attending, grade level and student income. Mark an (X) in the box if the student is New (to Duval County), a Pre-Kindergartner or a Kindergartner. Mark an (X) in the box "if foster child" box (located in between the child's name and date of birth) if the child a foster child. **A foster child is a child in the custody of a State or Local government agency.**

NO INCOME: If a student in your household has no income, mark an (X) in the box for NO STUDENT INCOME to the right of the student's grade. Please list gross income for each student living in the household including how much and how often, if applicable.

PART 2

If anyone in your household receives SNAP or TANF (Temporary Assistance for Needy Families) benefits, list the case number for the person who receives benefits. This should be a ten-digit number. Please do not use the Food Stamp or TANF card number. Households who are currently members of the certified SNAP or TANF programs may skip to Part 6 after completing Part 2 when completing a family application.

PART 3

Please check the appropriate box if student is Homeless, Migrant, or a Runaway. You will need to contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546 if a child in your household is a Homeless, Migrant or Runaway. These Duval County Public School employees will provide you additional information regarding receiving Free and Reduced meal benefits.

PART 4

List everyone living in the household who is not a student currently attending a Duval County Public School. Please list gross income for each member living in the household including how much and how often, if applicable. Only seasonal, migrant, or self-employed families are permitted to report income on an annual basis.

INSTRUCTIONS FOR HOUSEHOLDS WITH DEPLOYED SERVICE MEMBERS:

For the purpose of determining household size, 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. The Military Housing Privatization Initiative states that you do not include the housing allowance if you live in privatized government housing.

NO INCOME: If a member of your household has no income, mark an (X) in the box on the far right of the page beside the household member's name. If you do not list any income on your application, it is only valid for 45 days. You must reapply after this 45 day period in order to be eligible for benefits.

PART 5

All applicants must complete this section. The Free & Reduced Price Meal Department may need to contact you for additional information. Incomplete applications cannot be processed.

PART 6

Please print your name in the lower left-hand section of part 6 and then sign and date your application in the lower right-hand section because it cannot be processed without a signature and the last four of the Social Security number if required. (A social security number is not required if you receive SNAP or TANF benefits.)

2011 - 2012 FAMILY APPLICATION FOR MEAL BENEFITS

Duval County Public Schools

Complete online at: <http://mca.duval.k12.fl.us/ucv/universitarios.cmg>

Use BLUE or BLACK ink (Use only AZUL or NEGRA) FILL IN NEATLY y ESCRIBIR CLARAMENTE CON LETRA DE MOLDE Complete ONE APPLICATION for ALL STUDENTS in the household Complete UNA APLICACION para TODOS ESTUDIANTES en la casa

1 STUDENT'S INFORMATION - List ALL students attending Duval County Public Schools

Indique los niños en escuelas de Duval County que viven con usted

Put an X for a New Student or Pre-KK	Student ID Number (Numero de identificación del Estudiante) (FOR OFFICE USE ONLY) (PARA USO DE LA OFICINA)	Last (Apellido)	First (Nombre)	MI (Initial)	*X if foster child (if niño bajo cuidado sustitute)	Student's Date of Birth (Fecha de Nacimiento)	School Name (Nombre de la Escuela)	Grade (Grado)	*X if no (if no) (Anote la cantidad y frecuencia)	Weekly	Bi-Weekly	Monthly
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2 SNAP and TANF (Formerly Food Stamp)

List the case number for ANY household member (including adults and children) receiving SNAP or TANF benefits (Liste el Número del caso para CUALQUIER miembro de su hogar (incluid adultos y niños) que recibe los beneficios de SNAP o TANF)

Enter 10 Digit Number (DO NOT LIST CARD #)

GO TO PART 8

3 HOMELESS, MIGRANT OR RUNAWAY

If Homeless: Migrant or a Runaway, check one - Contact Tricia Pough, MSW at 390-2528 or Lisa Hubbard, MSW at 390-2546
Si el niño para quien usted está llenando esta solicitud es un niño sin hogar, migrante o un niño que ha abandonado su hogar, marque uno - Homeless Migrant Runaway

4 INCOME SECTION - You must tell us HOW MUCH and HOW OFTEN. List EVERYONE in Household, regardless of income. EXCEPT THE STUDENTS who are listed above.

If the household member has income, list the income amount and specify how often that income is received. If the household member has no income, mark an "X" in the zero income box. Si algún miembro familiar recibe ingresos, anote la cantidad y frecuencia que recibe el pago. Si la persona no tiene ningún ingreso, marque el cuadro por a ingresos de cero

List ALL household members that are NOT students in PART 1. Liste los nombres de todos los miembros de su hogar, sin incluir los estudiantes en PARTE 1.	Last (Apellido)	First (Nombre)	Earnings from work before deductions (Ingresos brutos (antes de impuestos))	Weekly / Semanal			Bi-Weekly / 2 Semanas			Monthly / Cada mes			Other Income (Ingresos Otros)	Check here if NO income (Indique si no ingresos)
				Weekly / Semanal	Bi-Weekly / 2 Semanas	Monthly / Cada mes	Weekly / Semanal	Bi-Weekly / 2 Semanas	Monthly / Cada mes	Weekly / Semanal	Bi-Weekly / 2 Semanas	Monthly / Cada mes		
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