

Families enrolled in the 18-19 school year at SJPII will keep their status until 9/30/19. All families who are not Direct Cert must complete a new application by 9/30/19.

If you are new to our school please complete the application and send it to the school main office. If you qualify you will be notified.

Dear Parent/Guardian:

Children need healthy meals to learn. The **John Paul II Reg** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

	FULL PRICE		REDUCED PRICE			
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$3.75	N/A	N/A	\$0.40	N/A	N/A
School Breakfast	\$1.75	N/A	N/A	\$0.30	N/A	N/A
After School Snack	\$0.80	N/A	N/A	\$0.15	N/A	N/A
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	N/A	Not Applicable		Not Applicable	Not Applicable	Not Applicable
			N/A - Not Appli	cable		

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to www.ip2rs.org.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ are eligible for free meals.
- Foster children that 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.

Experience, Empower, Excel

	FEDERAL INCOM For school Year 2		
Household Size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional person, add:	+8,177	+682	+158

- 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 your school, homeless liaison or migrant coordinator.
- 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 one of your children's schools.
- 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 got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
- 5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
- 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 <u>may</u> 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:

Hearing Officer Name: Rev. Vincent Guest Address: 55 Warwick Road, Stratford, NJ - 08084

Phone Number: (856)783-3088 Ext:

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 not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are 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.

16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to https://oneapp.dhs.state.nj.us/default.aspx. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.ni.gov/health/fhs/wic.

If you have other questions or need help, call (856)783-3088 Ext:

Sincerely,

Name: Mrs. Helen Persing

Title: Principal

Application #: 2019-2020 Application for Free and Reduced Price School Meals

Available online at: www.jp2rs.org

Complete one application per household. Please type or use a pen (not a pencil).

Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Definition of Household Member: "Anyone who is living with you and shares 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) Children in Foster care and children who meet the income and expenses, even Flip the page and review the charts titled "Sources Are you unsure what income to include here? definition of **Homeless**, Street Address (if available) The "Sources of income for Adults" chart will help you with the All Adult for Children" chart will help you with the Child of income" for more STEP 2 Meals for more information. alse information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws certify (promise) 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 sware that if i purposely give The "Sources of Income HORMAN STEP 3 Income section. dousehold Members STEP 4 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Contact information and adult signature. Child's First Name Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. If you answered NO > Complete STEP 3. B. All Adult Household Members (including yourself) A Child Income for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Name of Adult Household Members (First and Last) 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 do receive income, report total gross income (before taxes) Total Household Members (Children and Adults) Apt # Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Mail Completed Form To: Earnings from Work Ş ₹ Child's Last Name Weeldy B-Weeldy 2x Month How often? Monthly [press spacebar to advance] Public Assistance/ Child Support/Allmony ××× 븏 × 4 School Name (Abbr.) Grade How often? Daytime Phone and Email (optional) 2x Month Weekly Bi-Weekly 2x Month Case Number: Check if no SSN How often? Pensions/Retirement All Other Income Write only one case number in this space this school district? Student attends YES Bi-Westdy 2x Month NO

Printed name of adult signing the form

Signature of adult

oday's date

Courses of Inc	Sources of Income for Children	So	Sources of Income for Adults		_
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income	
- Earnings from work	 A child has a regular full or part-time job where they earn a salary or wages 	 Salary, wages, cash bonuses 	Unemployment benefits Worker's compensation	- Social Security (including railroad	
- Social Security - Disability Payments - Cunducte Repetits	A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and	 Net income from self- employment (farm or business) 	Supplemental Security Income (SSI) Cash assistance from State or local	benefits) - Private pensions or disability benefits	
- Survivor's Benefits	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military:	State or local government	- Regular income from trusts or estates	
-Income from person outside the household	 A friend or extended family member regularly gives a child spending money 	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	- Annuities - Investment income - Eamed interest	
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	- Strike benefits	Regular cash payments from outside household	L
OPTIONAL Children's Racial and Ethnic Identities	thnic Identities				
We are required to ask for information about yo Responding to this section is optional and does thincity (check one or more): Race (check one or more): American Indian or	our children's race and ethnicity. This ind so not affect your children's eligibility for form of the latter of th	<u>o</u>	ps to make sure we are fully serving our community.	rving our community. acific Islander White	
				on for program information (e.g. Brail)	<u>o</u>
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 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	requires the information on this application. You do cannot approve your child for firee or reduced price security number of the adult household member who county number is not required when you apply on tion Assistance Program (SNAP). Temporary od Distribution Program on Indian Reservations or child or when you indicate that the adult household recurity number. We will use your information to toe meals, and for administration and enforcement of or eligibility information with education, health, and	Persons with disabilities who require alten large print, audiotape, American Sign Lar applied for benefits, Individuals who are of through the Federal Relay Service at available in languages other than English. To file a program complaint of discrimiterm, (AD-3027) found online at http://www.office, or write a letter addressed to USDA form. To request a copy of the complaint to USDA by:	Persons with disabilities who require alternative means of communication for program information (e.g. Brage print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where it applied for benefits, Individuals who are dear, hard of hearing or have speech disabilities may contact US through the Federal Relay Service at (800) 877-8339. Additionally, program information may be miturough the Federal Relay Service at (800) 877-8339. Additionally, program information may be mitured than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint 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) 632-8982. Submit your completed form or letter to USDA by:	Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits, Individuals who are dear, hard of hearing or have speech disabilities may contact USDA explicit for benefits, Individuals who are dear, 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-3027) 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) 632-8982. Submit your completed form or letter to USDA by:	Ğ Ş ĕ ,
nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for nutrition programs and law enforcement officials to help them look into violations of program rules. program reviews, and law enforcement officials to help them look into violations of program rules. 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 reprised or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.	smiline benefits for their programs, auditors for smiline benefits for their program rules. It is them look into violations of program rules. Perfunct of Agriculture (USDA) civil rights regulations participating in or soloyees, and institutions participating in or criminating based on race, color, national origin, sex, this activity in any program or activity conducted or the pr	mail cwl rights complaints <u>grify</u> to C	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 independence Avenue, SW Washington, D.C. 20250-9410 (202) 690-7442; or program.intake@usda.gov. portunity provider.	ivil Rights	
Do not fill out For School Use Only					
Annual Income Conversion: Weekly x 52,	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	thly x 12	Eligibility:		
Total III Could	Division of the state of the st	Categorical Eligibility			
Determining Official's Signature	Date Confirming Official's Signature	78 0818	Veniying Omciai's signature		1

fficial's Signature Eligibility: Reduced Denied

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

even if your children attend more than one school in the district. The application must be filled out completely to certify your children for free or reduced price 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, what to do next, please contact your school 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

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

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 the school system, 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's school district under the colu

B) is the child a student in this school district? Mark 'Yes' or 'No' under the column titled "Student" box next to the child's name. If you are ONLY to tell us which children attend the 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, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing SIEP 1.

Equation 1. The 'Grade' column to your application, if you are applying for both foster and non-foster children, go to step 3.

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

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) or NJ SNAP.
- Temporary Assistance for Needy Families (TANF) or NJ TANF/WorkFirst NJ
- The Food Distribution Program on Indian Reservations (FDPIR).
- 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 SNAR, TANE, or FDPIR, You only need to provide one case number, if you participate in one of these programs and do not know your case number, contact your local country welfare agency: http://www.ni.gov/humanservices/dfd/programs/nisnap/cwa/index.html
- Go to STEP 4.

STEP STREEOR VINCOME 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.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

在一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会

Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income parned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is disid in come is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- Infants, Children and students already listed in STEP 1.

B) List adult household members (First and Last)." <u>Do not listeny</u> household members you listed in STEP 1. If a chilld listed in STEP 1 has income, "Names of Adult Household Members household member in the boxes marked names. Print the name of each

follow the instructions in STEP S. part A

pensions/retirement/all other income. Report all income that applies in the

Income" field on the application. "Pensions/Retirement/ All Other

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E) Report income from

money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. "Earnings from Work" field on the application. This is usually the C) Report earnings from work. Report all income from work in the

amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. What If I am self-employed? Report income from that work as a net

the size of your household affects your eligibility for free and reduced price meals. members in the field "Total Household Members (Children and f) Report total household size. Enter the total number of household and add them. It is very important to list all household members, as members listed in STEP 1 and STEP 3. If there are any members of Adults)." This number MUST be equal to the number of household your household that you have not listed on the application, go back

> allmony, only report court-ordered payments. Informal but D) Report income from public assistance/child support/ailmony. Report all income that applies in the "Public regular payments should be reported as "other" income in the Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT red on the chart. If Income is received from child support or

g) Provide the last four digits of your Social Security Number. eligible to apply for benefits even if you do not have a Social Security Number, leave this space blank and mark the box to the Security Number. If no adult household members have a Social their Social Security Number in the space provided. You are An adult household member must enter the last four digits of right labeled "Check if no SSN."

and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application. All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully

Sharing a phone number, email address, or both is optional, If you have no permanent address, this does not make your address in the fields provided if this information is available. A) Provide your contact information. Write your current children ineligible for free or teduced price school meals.

> write today's date. Print the name B) Print and sign your name and of the adult signing the application "Signature of adult." and that person signs in the box

> > C) Mail completed form: to your school

D) Share children's racial and ethnic identities ethnicity. This field is optional and does not affect your to share information about your children's race and (optional). On the back of the application, we ask you children's eligibility for free or reduced price school

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear	Parent	/Guar	dian:
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If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

The No. 1 Do NOT want information from my Free and Reduced Price

School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)				
If you checked no, fill out the i information is NOT shared for t	form below to ensure that the child(ren) listed below:	your		
Child's Name:	School:			
Child's Name:	School:			
Child's Name:	School:			
Child's Name:	School:			
Signature of Parent/Guardian:		Date:		
Printed Name:	Address:			

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.