

August, 2025

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 or reduced price meals and Summer EBT benefits.**

	F	ULL PRICE		REDU	REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High	
National School Lunch	\$4.10	N/A	N/A	\$0.00	N/A	N/A	
School Breakfast	\$2.10	N/A	N/A	\$0.00	N/A	N/A	
After School Snack	\$0.85	N/A	N/A	\$0.00	N/A	N/A	
Special Milk Program	N/A	N/A	N/A	N/A	N/A	N/A	
Split Session Milk Program	N/A	N/A	N/A	N/A	N/A	N/A	
	l		N/A - Not Ap	plicable			

This packet includes a School Meals and Summer EBT Application and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS AND SUMMER EBT BENEFITS?
 - All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ
 - Foster children that are under the legal responsibility of a foster care agency or court
 - · Children participating in their school's Head Start program
 - · Children who meet the definition of homeless, runaway, or migrant
 - Children may receive free or reduced price meals and Summer EBT benefits if your household's income falls at or below the limits on this chart.

F	EDERAL ELIGIBILITY IN For School Year 20	NCOME CHART 025-2026	
Household Size	Yearly	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
ach additional person:	10,175	848	196

- 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 and Summer EBT, 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 School Meals and Summer EBT 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 AND SUMMER EBT? 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 AND SUMMER EBT? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals and Summer EBT. 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 and Summer EBT 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

Hearing Officer Name: Rev. Rene Canales 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 and Summer EBT.
- 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 MORE HELP. ARE THERE ANY OTHER 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 nj.gov/humanservices/njsnap/apply/ways/. 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,
Signature: Helen Cersons Name: Helen Persing

Application #:

2025-2026 School Meals and Summer EBT Application (Standard & CEP Schools)

APPLY ONLINE:
RETURN TO (School/District Name): JOHN PAUL II REGIONAL
ADDRESS: 55 WARWICK ROAD, STRATFORD NJ 08084

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

			nal)	Email (optional)	Email			(optional)	Phone (o			Zip		State			City	ole)	Mailing Address (if available)	ng Addre	Mailir
			10	Today's Date	Today							(Required)	Signature of Adult	nature o	Sign			Print Name of Adult Signing the Form	Adult Signi	Name of	Print
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								nere	Insert school address here	school	. Insert	OOHOS S.(UR CHILL	M TO YOU	ED FORM	RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:	Contact information and adult signature.	information	Contact	STEP 4	ST
	ack	Please see application's back for list of income sources.	ome	see a	lease or list		thy Annual	aften received?	How ofte	O		Child Income	s only)	chool Meals	plying for Sc	(Required if applying for School Meals only) (Rotation of applying for School Meals only) (Rotation of applying for School Meals only)	(Required if applying for School Mexicome) (Required if applying for School Mexicome). Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.	the household ome (before ta)	me children in TOTAL inco	Child Income Sometimes chil Include the TO	B. Chi Sor Ind
If you do not want Summer EBT Benefits, check this box:	If you do EBT Bene				II	er jaj	Check if no Social Security Number	∼ Check i Security	OR	1		nold	urity Numt Jult Housel	Social Secu or other Ad	ımbers of S je Earner oi	Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household	nd Adults)	Total Household Members (Children and Adults)	ehold Mem	otal Hous	7
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How often received? Every 2 Weeks 2x Month Monthly	Weekly	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	Pensi Socia VA Be	Monthly	received? 2xMonth Mo	How often received? Every 2 Weeks 2x Month	How Weekly 2v		Public Assistance, Child Support, Alimony	»∩¤	Annual	How often received? very Meeks 2xMonth Monthly	2 5	* Weekly	Earnings from Work *		Name of Adult Household Members (First and Last)	łousehold N	f Adult H	lame of	z
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														r FDPIR?	TANF, or	articipate in: SNAP	Do any household members (including you) participate in: SNAP, TANF, or FDPIR?	ousehold mei	Do any ho		STEP 2
Part D.					Ch																-
Application Instruction's					eck all t																
boxes, please refer to the					hat ap																
If you checked any of these					ply																
household.	Runaway Homeless	nt Runawa	not relate	ildren no Foster Child	des chil	s includ	fits. This ir Grade	n not applying for benef School Name (Abbr.)	applying of Name	n not a	d childre	[press space bar to advance]	ren not ir	ols, child me [pr	ding other schools, on Child's Last Name	children attending of MI Child's	ist ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household. Migrant Runaway Homeless Child's First Name (Abbr.) Grade Foster Child Migrant Runaway Homeless Children not related to you in your household.	ousehold. Do	n in the ho	ist ALL children in hild's First Name	ist ALI hild's
						2	ies.	more names	ace for n	ed spa	f you ne	of paper i	her shee	ch anoth	12. Atta	nd including grade	List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for	hildren, infan	List ALL d	P 1	STEP 1

Return completed form to your child's school.

 Allowances) Allowances for off-base housing, food, and clothing 	If you are in the U.S. Military: Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing	 Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Earnings from Work	
 Veterans benefits Strike benefits 	government Alimony payments Child support payments	Unemployment benefits Workers' compensation Supplemental Security Income (SSI)	Public Assistance/Alimony/ Child Support	Sources of Income
 Rental income Regular cash payments from outside household 	 Income from trusts or estates Annuities Investment income Earned interest 	 Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits 	Pensions/Retirement/ All other sources of income	
A child receives regular income from a private pension fund, annuity, or trust	A friend or extended family member regularly gives a child spending money	 A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits 	A child has a regular full or part-time job where they earn a salary or wages	Examples of Income for Children

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

and does not affect your children's eligibility for free or reduced price meals. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional

Race (check one or more): American Indian or Alaska Native Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Asian Black or African American Native Hawaiian or Other Pacific Islander White Not Hispanic or Latino

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights

DO NOT FILL OUT For school use only.

Total Income

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed

Household size

Federal Income Eligibility

If Federal Denied: Eligible for NJEIE?

ning Official's Signature	ome
Date	Weekly ZWeeks 2xMorth Monthly
Confirming Official's Signature	Annual Household size
Date	Categorical Eligibility
Verifying Official's Signature	Free Reduced Denied
Date	Yes No

Use of Information Statement

and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met from this application to see who qualifies for free or reduced price meals. We can only The Richard B. Russell National School Lunch Act requires that we use information approve complete forms. We may share your eligibility information with education, health

number. Applications for children in households receiving Supplemental Nutrition Assistance Program on Indian Reservations (FDPIR) do not need to list a Social Security number Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Social Security Number.' Applications for a foster child do not need to list a Social Security household member who signs the application. If the adult does not have one, 'Check if no Please be sure to provide the last four numbers of the Social Security number of the adult free meals for a foster child, and children who are homeless, migrant, or runaway Some children qualify for free meals without an application. Please contact your school to get

The contact information below is solely to file a complaint of discrimination

retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited Federal Relay Service at (800) 877-8339. alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the

be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by violation. The completed AD-3027 form or letter must be submitted to USDA by: discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can

Office of the Assistant Secretary for Civil Rights U.S. Department of Agriculture FAX: (833) 256-1665 or (202) 690-7442; or *Do not mail applications discrimination.

Return completed form to your child's school.

*MAIL:

This institution is an equal opportunity provider.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get federal 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 School Meals and Summer EBT 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).

	rmation from my School Meals and shared with Medicaid or the State Program (NJ FamilyCare).
If you checked no, fill out the finformation is NOT shared for the	
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.