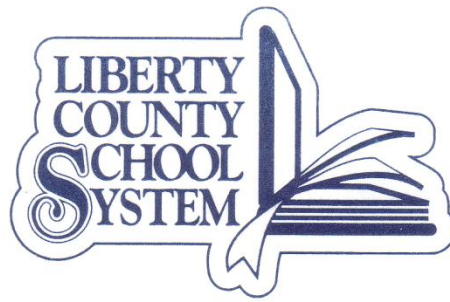


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Superintendent



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Dear Parent/Guardian:

Children need healthy meals to learn. The Liberty County School Nutrition Program offers healthy meals every school day. Breakfast costs \$1.00 at elementary schools and \$1.25 at middle and high schools; lunch costs \$1.55 at elementary schools and \$1.80 at middle and high schools. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced-price meals. 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: your child (ren)'s cafeteria clerk OR School Nutrition Program Office, 200 Bradwell St, Hinesville, GA 31313.**
- 2. Who can get free meals?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Aid for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the federal income eligibility guidelines.
- 3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. All foster children can be on one application.
- 4. Can homeless, runaway, and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. Please call the Liberty County Schools Homeless Liaison and Migrant Coordinator at 912.876.4789 to see if your child (ren) qualifies, if you have not been informed that they will get free meals.
- 5. 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 eligibility income chart, shown on this application.
- 6. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call us at 912.876.2162 if you have questions.
- 7. My child's application was approved last year. Do I need to fill out another 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.
- 8. 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.
- 9. Will the information I give be checked?** Yes and we may also ask you to send written proof.
- 10. 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.
- 11. 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: Jason Rogers, Assistant Superintendent for Administrative Services, 200 Bradwell Street, Hinesville, GA 31313, 912.876.5587.
- 12. 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 U.S. citizens to qualify for free or reduced-price meals.
- 13. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 14. 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.
- 15. We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 16. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact the School Nutrition Program Office at 912.876.2192 for more information.
- 17. 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, contact your local assistance office or call 1-800-869-1150.

If you have other questions or need help, call 912.876.2162.  
*Si necesita ayuda, por favor llame al teléfono:* 912.876.2162.  
*Si vous voudriez d'aide, contactez nous au numero:* 912.876.2162.

Chris Reddick, Ed.D.  
School Nutrition Director

Free and Reduced Price School Meals Application 2011-2012  
Letter to Households  
Page 1 of 4

**Liberty County School System**  
**2011-2012 Family Application for Free & Reduced Meal Benefits**  
**INSTRUCTIONS FOR APPLYING**

**If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, or gets TANF, follow these instructions:**

**Part 1:** List child (ren)'s Student ID, legal name, school, grade.

**Part 2:** List the case number for any household member (including adults) receiving SNAP or TANF benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a social Security number are **not** necessary.

**Part 6:** Answer this question if you choose to.

**If no one in your household gets SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:**

**Part 1:** List child (ren)'s Student ID, legal name, school, grade, and student's monthly income. Please check the NO income box if the student has no income.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call 912.876.4789 (Liberty County Schools Homeless Liaison and Migrant Coordinator). If not, skip this part.

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

**Part 6:** Answer this question if you choose to.

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

**If all children in household are foster children:**

**Part 1:** List all foster children's Student ID, legal name, school, grade. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 6:** Answer this question if you choose to.

**If some of the children in the household are foster children:**

**Part 1:** List all children in the household's Student ID, legal name, school, grade, and monthly income. Please check the NO income box if the student has no income. Check the box indicating the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call 912.876.4789 (Liberty County Schools Homeless Liaison and Migrant Coordinator). If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Box 1-Name:** List all adult household members with income. Include children not listed above. Check the "No Income" box if s/he has no income.

**Box 2-Monthly gross income last month.** Next to each person's name list each type of income received last month. 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. *All other income*: List the amount each person got last month (fourth column) from welfare, child support, alimony, and (fifth column) pensions, retirement, Social Security Income (SSI), Veteran's benefits (VA) and disability benefits. Under *Any Other Income* (sixth column), list Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Do not include income from SNAP, TANF, WIC, or Federal education benefits and foster payments received by the family from the pacing agency. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer this question if you choose to.

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

**Part 1:** List each child's Student ID, legal name, school, grade. Please check the NO income box if the student has no income.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call 912.876.4789 (Liberty County Schools Homeless Liaison and Migrant Coordinator). If not, skip this part.

**Part 4:** Follow these instructions to report total household **monthly** income from this month or last month.

**Column 1 - Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). Do not include child (ren) listed in Part 1. Attach another sheet of paper if you need to.

**Column 2 - Check if no income:** If the person does not have any income, check the box.

**Column 3, 4, 5 and 6 - Monthly gross income last month.** Next to each person's name list each type of income received last month. 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. *All other income:* List the amount each person got last month (fourth column) from welfare, child support, alimony, (fifth column) pensions, retirement, Social Security Income (SSI), Veteran's benefits (VA) and disability benefits. Under *Any Other Income* (sixth column), list Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Do not include income from SNAP, TANF, WIC, or Federal education benefits and foster payments received by the family from the pacing agency. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Answer this question if you choose to.

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

FEDERAL ELIGIBILITY INCOME CHART For School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

**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 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 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 U.S. 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, D.C. 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."

Do not write in this section  
For School use only

# Liberty County Schools 2011-2012 Family Application for Free & Reduced Meal Benefits

USE BLACK INK ONLY

PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD.

**PART 1 - STUDENT SECTION** --- LIST ALL STUDENTS ATTENDING LIBERTY COUNTY SCHOOLS

Student Id # (Optional)	Student's Legal Name (First MI Last)	School Name	Grade	Student's Monthly Income	Check if No Income	Check if a Foster Child*
\$						
\$						
\$						
\$						
\$						
\$						

\*If ALL children listed are foster children (legal responsibility of welfare agency or court), skip to Part 5 to sign this form.

**PART 2** - If any member of your household receives SNAP or TANF, provide the name and case number for the person who receives the benefits and SKIP TO PART 5.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART 3** - If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Liberty County Schools Homeless Liaison and Migrant Coordinator at 912.876.4789.

Homeless  Migrant  Runaway

**PART 4 - ADULTS SECTION** --- LIST ALL ADULTS & CHILDREN **NOT** ATTENDING LIBERTY COUNTY SCHOOLS

Other Households Members: ALL Adults & Children NOT Listed Above	Check Box if NO Income	MONTHLY Gross Earnings Before Deductions: Include all Jobs	MONTHLY Welfare Payments Child Support/ Alimony	MONTHLY Pay from Pensions, Retirement/SSI/VA Benefits	Any OTHER MONTHLY Income
1.	<input type="checkbox"/>	\$	\$	\$	\$
2.	<input type="checkbox"/>	\$	\$	\$	\$
3.	<input type="checkbox"/>	\$	\$	\$	\$
4.	<input type="checkbox"/>	\$	\$	\$	\$

**PUT TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Statement on the back of this page.)

**I certify (promise) that all of the 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.**

**PART 5** SIGN HERE \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DAY PHONE NUMBER: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

**Social Security Number**

X	X	X	-	X	X	-				
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I do not have a Social Security Number

**PART 6 Children's racial and ethnic identities (optional)**

Choose one or more (regardless of ethnicity):  
 Asian  Black or African American  Hispanic or Latino  White  
 Native Hawaiian or Other Pacific Islander  Not Hispanic or Latino  
 American Indian or Alaska Native