

FREE AND REDUCED MEAL SURVEY  
2019-2020

GO TO [WWW.fpsk6.org](http://WWW.fpsk6.org) for Information and forms.

Click on Parent Link and then select the Free and  
option

INCLUDED ARE:

1. Letter from the Dept. of Agriculture explaining the program.
2. Instructions on How to Apply for Free and Reduced Price School Meals
3. Two (2) charts of Income Eligibility Guidelines
4. Application for Free and Reduced Price School Meals (2 Pages)
5. Form regarding Sharing Information with Medicaid or NJ Family Care

**SEE WEBSITE: [fpsc6.org](http://fpsc6.org) for link to FREE and REDUCED HOUSEHOLD INCOME SURVEY**

FAIRFIELD PUBLIC SCHOOLS  
FREE AND REDUCED HOUSEHOLD SURVEY INFORMATION

Dear Parents and Guardians

All students enrolled in NJ public schools must be surveyed to determine the percentage of students who qualify for free and reduced price school meals. This survey is necessary even if the school does not participate in n any of the federally funded Child Nutrition Programs.

NJ is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ Family Care to determine if your children qualify to participate in this state insurance program. If you do NOT wish to share your information with Medicaid or NJ Family Care you must complete and sign the Signature #2 section of your child's emergency form located in your child's portal. Contact information for NJ Family Care is: <https://www.njfamilycare.org> or 1-800-701-0710.

Contact your child's school if you have any questions. Thank you for your cooperation.

In accordance with Federal civil rights law the 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 reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 8-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint or discrimination, complete the USDA Program Discrimination Complaint Form. (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office or write a letter addressed to the USDA and provide all of the information requested on the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed for or letter to USDA by:

Mail	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410
FAX	1-202-697-7442
EMAIL	<a href="mailto:Program.intake@usda.gov">Program.intake@usda.gov</a>

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## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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, 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 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 what to do next, please contact your school.

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

<b>STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12</b>			
<p>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.</p> <p><b>Who should I list here?</b> When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> <li>• Children age 18 or under AND are supported with the household's income;</li> <li>• In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;</li> <li>• Students attending the school system, regardless of age.</li> </ul>			
<p><b>A) List each child's name.</b> 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.</p>	<p><b>B) Is the child a student in this school district?</b> Mark 'Yes' or 'No' under the column titled "Student" 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.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children Homeless, Migrant Worker, or Runaway?</b> 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.</p>
<b>STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPPIR?</b>			
<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• The Supplemental Nutrition Assistance Program (SNAP) or NJ SNAP.</li> <li>• Temporary Assistance for Needy Families (TANF) or NJ TANF/WorkFirst NJ.</li> <li>• The Food Distribution Program on Indian Reservations (FDPPIR).</li> </ul>			
<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPPIR. 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 county welfare agency: <a href="http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/Index.html">http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/Index.html</a></li> <li>• Go to <b>STEP 4</b>.</li> </ul>		
<b>STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS</b>			
<p><b>How do I report my income?</b></p> <ul style="list-style-type: none"> <li>• Use the charts titled "<b>Sources of Income for Adults</b>" and "<b>Sources of Income for Children</b>," printed on the back side of the application form to determine if your household has income to report.</li> <li>• Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.             <ul style="list-style-type: none"> <li>○ Gross income is the total income received before taxes.</li> <li>○ 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</li> </ul> </li> </ul>			

### 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.
- 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 earned 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 Child Income?** Child income 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'

names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

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

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

#### D) Report income from public assistance/child support/alimony.

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

#### E) Report income from pensions/retirement/all other income.

Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

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

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

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**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 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.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

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

**C) Mail completed form: to your school district.**

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

## INCOME ELIGIBILITY GUIDELINES

**July 1, 2019 – June 30, 2020**

(As announced by the United States Department of Agriculture)

HOUSE-HOLD SIZE	FREE MEALS OR MILK				HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice per Month	Every Two Weeks		Weekly	Annual	Monthly	Twice per Month	Every Two Weeks
1	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
Each Additional Household Member	<b>5,746</b>	<b>479</b>	<b>240</b>	<b>221</b>	<b>111</b>	<b>8,177</b>	<b>682</b>	<b>341</b>	<b>315</b>	<b>158</b>

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

**Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12**

**Error Prone:** Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.  
 Every two weeks or twice a month: \$0 - \$ 50 below the free or reduced price income eligibility limit.  
 Monthly: \$0 - \$100 below the free or reduced price income eligibility limit.  
 Annually: \$0 - \$1200 below the free or reduced price income eligibility limit.

Income Eligibility Guidelines  
July 1, 2019 – June 30, 2020

Household Size	FREE MEALS OF MILK					REDUCED PRICE MEALS				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
9	62,205	5,184	2,593	2,393	1,197	88,523	7,378	3,689	3,406	1,704
10	67,951	5,663	2,833	2,614	1,303	96,700	8,060	4,030	3,721	1,862
11	73,697	6,142	3,073	2,835	1,419	104,877	8,742	4,371	4,036	2,020
12	79,443	6,621	3,313	3,056	1,530	113,054	9,424	4,712	4,351	2,178
13	85,189	7,100	3,553	3,277	1,641	121,231	10,106	5,053	4,666	2,336
14	90,935	7,579	3,793	3,498	1,752	129,408	10,788	5,394	4,981	2,494
15	96,681	8,058	4,033	3,719	1,863	137,585	11,470	5,735	5,296	2,652
16	102,427	8,537	4,273	3,940	1,974	145,762	12,152	6,076	5,611	2,810
17	108,173	9,016	4,513	4,161	2,085	153,939	12,834	6,417	5,926	2,968
18	113,919	9,495	4,753	4,382	2,196	162,116	13,516	6,758	6,241	3,126
19	119,665	9,974	4,993	4,603	2,307	170,293	14,198	7,099	6,556	3,284
20	125,411	10,453	5,233	4,824	2,418	178,470	14,880	7,440	6,871	3,442
21	131,157	10,932	5,473	5,045	2,529	186,647	15,562	7,781	7,186	3,600
22	136,903	11,411	5,713	5,266	2,640	194,824	16,244	8,122	7,501	3,758
23	142,649	11,890	5,953	5,487	2,751	203,001	16,926	8,463	7,816	3,916
24	148,395	12,369	6,193	5,708	2,862	211,178	17,608	8,804	8,131	4,074
25	154,141	12,848	6,433	5,929	2,973	219,355	18,290	9,145	8,446	4,232
26	159,887	13,327	6,673	6,150	3,084	227,532	18,972	9,486	8,761	4,390
27	165,633	13,806	6,913	6,371	3,195	235,709	19,654	9,827	9,076	4,548
Each Additional Household Member	5,746	479	240	221	111	8,177	682	341	315	158



**INSTRUCTIONS Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- 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
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

**OPTIONAL Children's Racial and Ethnic Identities**

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 and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino  Not Hispanic or Latino   
 Race (check one or more): American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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.

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 reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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mail civil rights complaints **only** to: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
 fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
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**Do not fill out For School Use Only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

<b>Total Income</b>	How often?				<b>Categorical Eligibility</b> <input type="checkbox"/>	<b>Eligibility:</b>					
	Weekly	Bi-Weekly	2x Month	Monthly			Annual	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>	
<b>Determining Official's Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<b>Confirming Official's Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<b>Verifying Official's Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>



**SHARING INFORMATION WITH MEDICAID or  
NJ FAMILYCARE**

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Dear Parent/Guardian:

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).

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- No! I 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 form below to ensure that your information is NOT shared for the child(ren) listed below:**

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.