SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian: To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Peter Rodgers Principal
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Kristin White
Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with Jenna Beaty Title one
If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked
Child's Name:School:
Child's Name:School:
Child's Name:School:
Child's Name:School:
Signature of Parent/Guardian:Date:

For more information, you may call Janice Seilhan at 8502438913 or e-mail at janice.seilhan@saintmaryschool.net.

Return this form to: $110\ Robinwood\ Drive$ by August 2025-2026 .

Printed Name:

Address:

SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they <u>may</u> also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). 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 CHIP that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and CHIP 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 CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

0	No! I DO NOT want information from my with Medicaid or the State Children's Heal	Free and Reduced Price School Meals Application shared hth Insurance Program.
If you c listed b		e that your information is NOT shared for the child(ren)
Child's	Name:	_School:
Signatu	re of Parent/Guardian:	Date:
Printed	Name:	
Addres	s:	

For more information, you may call Janice Seilhan at 850-243-8913 or e-mail at janicec.seilhan@saintmaryschool.net

Return this form to: 110 Robinwood Drive by August 2025

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Saint Mary School** offers healthy meals every school day. lunch costs 3.50 Your **children may qualify for free meals or for reduced price meals.** Reduced price is **.40** for lunch. This packet includes an application for free or reduced price meal benefits, 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?
 - All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], 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.

FEDERAL ELI	GIBILITY INCOME CHA		
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
Each 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, please call or e-mail Saint Mary School homeless liaison or migrant coordinator].
- 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: Janice Seilhan 110 Robinwood Drive 32548 850243 891
- 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 Janice Seilhan 110 Robinwood drive FWB ,FI 32548 850-243-8913, janice.seilhan@saintmaryschool.net immediately.
- CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application
 if you are able. The online application has the same requirements and will ask you for the same information as the
 paper application. Visit saintmaryschool.net to begin or to learn more about the online application process.

Contact Janice Seilhan,110 Robinwood Drive ,FWB,FI.32548 , 850243-8913, janice.seilhan@saintmaryschool.net 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, through Sept15,2023 You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 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: **Peter Rodgers**,110 **Robinwood Drive,FWB,FI.32548**, 850-243-8913 .peter.rodgers@saintmaryschool.net
- 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 <u>normally</u> 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, 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. Contact Janice Seilhan,110 Robinwood Drive ,FWB ,FI,32548, 850-243-8913 janice.seilhan@saintmaryschool.net to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call [State hotline number].

If you have other questions or need help, call 850-243-8913

Sincerely,

Janice Seilhan

How To Apply for Free and Reduced Price School Meals

application per household, even if your children attend more than one school in the Okaloosa School District Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one

are not sure what to do next, please contact Saint MarySchool ,Okaloosa County,Janice Seilhan 8502438913 janice.seilhan@saintmat 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 The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

you to be a part of your household Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to

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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth
- Students attending (regardless of age) Saint Mary School

of the application for each child. A) List each child's name, Print application, attach a second piece children present than lines on the out of space. If there are more letter in each box. Stop if you run When printing names, write one each child's name. Use one line of paper (or a second application applies to adults in Step 3. "MI" is additional children. This also all required information for the if completing electronically) with first letter of each child's middle short for middle initial. Print the name in the box.

B) Is the child a student? If "Yes," write the grade level of the student in the

"Grade" column to the right. you are ONLY applying for foster children, after #Homeless, Migrant, Runaway" box next to the C) Do you have any foster children? If any "Foster Child" box next to the child's name. If children listed are foster children, mark the finishing Step 1, go to Step 4.

considered foster children. A foster child is a Step 3. Note: Adopted children are not Foster children who live with you may count as who cares for the child in place of their parent custody and placed with a state-licensed adult, minor child who has been taken into state for both foster and non-foster children, go to listed on your application. If you are applying members of your household and should be

section meets this description, mark the potentially needing to contact you later D) Are any children homeless, migrant, or student's homeless, migrant, or runaway status staff. If the school district cannot confirm your must be confirmed with the appropriate program application. Homeless, Migrant, Runaway status runaway? If you believe any child listed in this order to prevent the school district from choose to provide income information now in complete an income-based application. You may child's name and complete all steps of the then the school district will contact you to

Step 2. Do any horistantoko meannitars sundennily exhitishederic in Sinvar, Tanif, ex sidelika

for free school meals: If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible

- The Supplemental Nutrition Assistance Program (SNAP) or [Insert State SNAP here]
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

Check "No" in Step 2 and go to Step 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If [Insert State/local agency contacts here]. you participate in one of these programs and do not know your case number, contact:
- Go to Step 4.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "Sources of Income" & "Examples of Income for Children," 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 and deductions.
- o 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 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 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:
- o People who live with you but are not supported by your household's income AND do not contribute income to your household.
- o Infants, children and students already listed in Step 1.

U tep 3: List ALL household members and income for each member

1) List adult household members' names.

are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they

2) List earnings from work.

employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted List 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-

- paper if necessary What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of
- expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or What if I am self-employed? List income from your business as a net amount. This net amount is calculated by subtracting the total operating services offered.

If a child listed in Step 1 has income, follow the instructions in Step 3, Part B.

3) List income from public assistance/child support/alimony.

should be reported as "other" income in the next part. benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments List 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

4) List income from pensions/retirement/all other income.

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

What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

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. 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 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

6) 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 right labeled "Check if no Social Security Number." 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

3.B List income earned by children

List all income earned or received by children.

List 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

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 back of the application. information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

SU(O) PIONO

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 application to: Saint Mary School

110 Robinwood drive FWB Florida 32548

protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be

ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the 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

questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed. Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or

ict All Children in the beneath that the state of the sta
Identin the household. Do not longel to list informs, children offending other schools, children not applying Manne MI Child's Last Name MI Child's Last Name MI Child's Last Name MI Child's Last Name CASE NUMBER (NOTEST NUMBER): List All Lhousehold members (including you) participate in: SNAP, TANF, or TOPIR? CO to STEP 3. List All Lhousehold members and income for each member (before taxes and de-ductions) List All Lhousehold Members (Anyone who is living with you and shares income and expenses, even if not related including you). Adult Household Members (or listed in STEP 1 (including yourself) even if they do not receive income from any source, write or? if you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? if you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release on the form whole dollars (no cents) only. If they do not receive income from any source, write or? If you enter or or release or or leave to not receive income from any loss on the form income from the form and deduction of the your hands of the form them ber (not part the form the form the form the form the form the form t
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SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application

Allowances for off-base housing,	e U.S. Military: d cash bonuses (do NOT include FSSA, or privatized housing	tips, commissions yment	EarningsfromWork Ct	
Veterans benefits Strike benefits	government governments Alimony payments Child support payments	Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cosh assistance from State of Incol	Public Assistance/Alimony/ Child Support	Sources of Income
 Rental income Regular cash payments from outside household 	 Income from trusts or estates Annuities Investmentincome 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

$\textbf{OPHONAL}. \textbf{Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974 and the property of the privacy and the privacy$

and does not affect your children's eligibility for free or reduced-pice 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

The second secon			
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)	an, South or Central American, or other Spanish Culture or origin, n		们 Not Hispanic or Latino
Race (check one or more): American Indian or Alaska Native Asian	Asian 🔲 Black or African American 🔲 Native Hawaiian or Other Pacific Islander	,	☐ white
Return this completed form to your child's school. *Do not mail. fax. or email completed applications to the U.S. Department of Agricu	ail completed applications to the U.S. Department of A	griculture Office of the	Illiure Office of the Assistant Secretary for Civil Bights
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Office of the Assistant secretary for Civil Rights.

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 Determining Official's Signature DO NOT HILL OUT For school use only Use of Information Statement Totalincome Date Confirming Official's Signature Household size Categorical Eligibility Date Verifying Official's Signature Reduced Denied Date

and law enforcement may also use your information to make sure that program rules are met. and nutrition programs to help them deliver program benefits to your household. Inspectors approve complete forms. We may share your eligibility information with education, health, 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

Social Security Number,' Applications for a foster child do not need to list a Social Security Some children qualify for free meals without an application. Please contact your school to get 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 number. Applications for children in households receiving Supplemental Nutrition Assistance 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.

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

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

discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights $writin \textit{galetter} \textit{addressed} \textit{to USDA}. The letter \textit{must} \textit{contain} \textit{the complainant's name, address, telephone \textit{number, and a written description} \textit{of the alleged}$ 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 To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can violation. The completed AD-3027 form or letter must be submitted to USDA by:

Office of the Assistant Secretary for Civil Rights U.S. Department of Agriculture Washington, D.C. 20250-9410 FAX: EMAIL:

*MAIL:

program.intake@usda.gov (833) 256-1665 or (202) 690-7442; or

"Do not mail applications only complaints of to this address,