Dear Parent/Guardian:

Children need healthy meals to learn. Penn Harris Madison offers healthy meals every school day. Breakfast costs \$1.25 elementary and \$1.50 for middle/high school; lunch costs \$2.25 for elementary and \$2.50 middle/high school. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.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 SNAP (Food Stamps) or 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 ELIGIBILITY INCOME CHART For School Year 2022-23			
Household size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional			
person:	+8,732	+728	+168

- 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 Derrick White Homeless Liaison <u>dwhite2@phm.k12.in.us</u> 574-259-7941 or Bob Thompson Migrant Coordinator, <u>rthompson@phm.k12.in.us</u> 574-259-7941.
- 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: your child's school.
- 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 Mindy Jaroch, <u>mjaroch@phm.k12.in.us</u>, 574-254-2814 immediately.

- 5. 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 Schoolcafe.com to begin or to learn more about the online application process. Contact Mindy Jaroch, <u>mjaroch@phm.k12.in.us</u>, 574-254-2814 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 9/29/22. 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 of meals.
- 7. SHOULD I FILL OUT AN APPLICATION IF MY CHILDREN RECEIVED FREE OR REDUCED MEALS AT THEIR PREVIOUS SCHOOL? If it is the beginning of the school year and you have not been notified that your children will receive free or reduced meals for the upcoming year, you will need to fill out an application. If your children transferred during the school year and they were receiving free or reduced meals at the previous school, contact Mindy Jaroch, <u>mjaroch@phm.k12.in.us</u>, 574-254-2814 immediately.
- 8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 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 contact Mindy Jaroch, <u>mjaroch@phm.k12.in.us</u>, 574-254-2814. You also may ask for a hearing by calling or writing to Jerry Hawkins, 574-259-7941 or jhawkins@phm.k12.in.us
- 12. 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.
- 13. 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.
- 14. 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.
- 15. 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.
- 16. 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.
- 17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call **1-800-403-0864**.

If you have other questions or need help, call 574-254-2814.

Sincerely,

Jill M Riggs Director of Food Service

# 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, <u>even if your</u> <u>children attend more than one school in PHM</u>. 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 Mindy Jaroch, <u>mjaroch@phm.k12.in.us</u>, 574-254-2814

# STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD

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 PHM school corporation, regardless of age.

A) List each child's name. Print each child's	B) Is the child a student at PHM	<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	D) Are any children homeless, migrant,
name. Use one line of the application for each	school district? Mark 'Yes' or 'No'		or runaway? If you believe any child
child. If there are more children present than	under the column titled "Student"		listed in this section meets this
lines on the application, attach a second piece of paper with all required information for the additional children.	to tell us which children attend. If you marked 'Yes,' write the name of the school building, birthdate, and grade level of the student in the 'Grade' column to the right. Is the child living with parent or caretaker relative? Mark 'Yes' or 'No' next to each child.	applying for foster children, after finishing <b>STEP 1</b> , go to <b>STEP 4</b> . <u>Foster children who live with you may count as</u> <u>members of your household and should be listed</u> <u>on your application.</u> If you are applying for both foster and non-foster children, go to step 3.	description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of</u> <u>the application.</u>

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

## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?**

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).
- Temporary Assistance for Needy Families (TANF).

A) If no one in your household participates in any of the	B) If anyone in your household participates in any of the above listed programs:
above listed programs:	• Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in
• Leave STEP 2 blank and go to STEP 3.	one of these programs and do not know your case number, contact: 1-800-403-0864.
	• Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

#### How do I report my income?

• 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 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.	investigated.			
	s received using the check boxes to the right of each field.			
<b>3.A. REPORT INCOME EARNED BY CHI</b>	LDREN			
· · · ·	by children. Report the combined gross income for ALL children listed i	n STEP 1 in your household in the box marked "Child Income."		
	are applying for them together with the rest of your household.			
What is Child Income? Child income is more	ney received from outside your household that is paid DIRECTLY to you	r children. Many households do not have any child income.		
3.B REPORT INCOME EARNED BY ADU	JLTS			
Who should I list here?				
<ul> <li>When filling out this section, plea</li> </ul>	se include ALL adult members in your household who are living with yo	ou and share income and expenses, even if they are not related		
and even if they do not receive in	come of their own.			
• Do NOT include:				
	ot supported by your household's income AND do not contribute incon	ne to your household.		
<ul> <li>Infants, Children and students already</li> </ul>	idy listed in STEP 1.			
B) List adult household members'	C) Report earnings from work. Report all income from work in the	D) Report income from public assistance/child		
names. Print the name of each	"Earnings from Work" field on the application. This is usually the	support/alimony. Report all income that applies in the "Public		
household member in the boxes marked	money received from working at jobs. If you are a self-employed	Assistance/Child Support/Alimony" field on the application. Do		
"Names of Adult Household Members	business or farm owner, you will report your net income.	not report the cash value of any public assistance benefits NOT		
(First and Last)." <u>Do not list any</u>	What if I am self-employed? Report income from that work as a	listed on the chart. If income is received from child support or		
household members you listed in STEP	net amount. This is calculated by subtracting the total operating	alimony, only report court-ordered payments. Informal but		
1. If a child listed in STEP 1 has income,	expenses of your business from its gross receipts or revenue.	regular payments should be reported as "other" income in the		
follow the instructions in STEP 3, part A.		next part.		
E) Report income from	F) Report total household size. Enter the total number of	G) Provide the last four digits of your Social Security Number.		
pensions/retirement/all other income.	household members in the field "Total Household Members	An adult household member must enter the last four digits of		
Report all income that applies in the	(Children and Adults)." This number MUST be equal to the number	their Social Security Number in the space provided. You are		
"Pensions/Retirement/ All Other	of household members listed in STEP 1 and STEP 3. If there are any	eligible to apply for benefits even if you do not have a Social		
Income" field on the application.	members of your household that you have not listed on the	Security Number. If no adult household members have a Social		
	application, go back and add them. It is very important to list all	Security Number, leave this space blank and mark the box to		
	household members, as the size of your household affects your	the right labeled "Check if no SSN."		
	eligibility for free and reduced price meals.			

## **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.

STEP 5: OTHER BENEFITS – OPTIONAL	<b>A) Print and sign your name.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."	<b>B)</b> 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.	C) Mail Completed Form to Food Service, 56100 Bittersweet Road, Mishawaka, IN 46545	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.

A) Textbook Assistance	B) Hoosier Healthwise Disclosure
If you want to receive textbook assistance, check 'Yes' and then read, sign, and date the	If you want to share your child's free/reduced eligibility in order to qualify for free or
section to the right. If you do not want to receive textbook assistance, check 'No'.	low-cost health insurance under Medicaid or Hoosier Healthwise, sign and date this
	section.