



September 2011

Dear Parent/Guardian:

I would like to welcome you and your student to the 2011-2012 school year. My staff and I are very excited about the opportunity to serve you. Please review the important information below to learn more about this year's School Nutrition Program.

Children need healthy meals to learn. Burrillville School District offers healthy meals every school day. Breakfast costs \$1.00 for paid meals at the Elementary Schools and \$1.25 for paid meals at the Middle School and High School; lunch costs \$2.25 for paid meals at the Elementary Schools and \$2.50 for paid meals at the Middle and High Schools. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch at all schools. Enclosed you will also find an application for free or reduced meals for the 2011-2012 school year. **Please complete and return your application by Friday, September 23, 2011;** so that we can process it and continue your eligibility without interruption. A **new** application is necessary at the start of each school year.

Please note milk purchased separately is not part of the free and reduced meal benefit. For example: if your child brings a lunch from home and purchases milk, their account will be charged \$.75 even if they qualify for the meal benefits program. If your child purchases extra milk their account will be charged \$.75.

The Burrillville School Department and ARAMARK Education are proud of our partnership to manage the district's school food services. ARAMARK Education and the Rhode Island Department of Education (RIDE) launched a statewide food and nutrition services program that is the first of its kind in the United States. The objective of this program is to improve the health and nutrition of Rhode Island students through ARAMARK's culinary expertise and wellness education programs. The statewide school food and nutrition services program is designed to encourage the consumption of fresh fruits, vegetables, whole grains and legumes. In addition, all menu items exceed federal nutrition requirements for reimbursable meals and snacks.

ARAMARK Education has partnered with Kids First, a Rhode Island non-profit organization, to provide wellness education to students, staff and the community. Participating districts will benefit from a variety of activities and wellness experiences. Our primary goal is to meet the nutritional needs of your child while at the same time offering food choices that are interesting and appetizing. Our continued commitment to nutrition awareness is an integral part of our plans for this upcoming year. If you and/or your child have any questions, comments or suggestions please call me at 401-568-1360 or [WrightT@bsd-ri.net](mailto:WrightT@bsd-ri.net)

I would like to remind you that we are implementing a new policy for balances. At the elementary and middle school levels once your child's account reaches \$-16.25 for paid students and \$-3.50 for reduced students your child's account will **AUTOMATICALLY** be closed. They will not receive a meal until the balance is paid. The High School procedure will remain the same, once their account reaches \$-5.00 they will not receive meals. Also, at the middle and high schools if the account has a negative balance of any amount the student will not be eligible to purchase ala cart (even if they have cash) until the balance is paid in full.

### Frequently Asked Questions

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*

**Free and Reduced Price School Meal Application**

School Year 2011-2012

Letter to Families

Page 1 of 3

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 or it can be mailed to Burrillville Youth Nutrition 2220 Broncos Highway Harrisville, RI 02830.

2. WHO CAN GET FREE MEALS? All children in households receiving benefits from SNAP or RI Works Benefits 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.
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. If you haven't been told your children will get free meals, please call the Burrillville Youth Nutrition Office at 568-1360 to see if they qualify.
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 Income Eligibility Guidelines, 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 carefully and follow the instructions. Call the Youth Nutrition Office at 568-1360 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: Robin Kimatian; Business Manager phone: 568-1301 address: 2300 Broncos Highway Harrisville, RI 02830.
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 s/he was deployed, combat pay is not counted as income. Contact your school 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 1-800-362-3002.

If you have other questions or need help, call 568-1360.

Sincerely,

*Tricia Wright*

Tricia Wright  
Food Service Director  
401-568-1360  
Burrillville Youth Nutrition  
2220 Broncos Highway  
Harrisville, RI 02830

## INSTRUCTIONS FOR APPLYING

**Part 1:** All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from **SNAP or RI Works**, follow these instructions:

**Part 2:** List the case number for one household member (adult or child) who receives **SNAP or RI Works Benefits** or **FDPIR** benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

**Part 6:** This question is optional. You can choose whether or not to provide ethnic and racial data.

If you are applying for a child who is **homeless, a migrant, or runaway**, follow these instructions:

**Part 2:** Skip this part.

**Part 3:** Check the appropriate category and call the Youth Nutrition Office at 568-1360.

**Part 4:** Skip this part.

**Part 5:** Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

**Part 6:** This question is optional. You can choose whether or not to provide ethnic and racial data.

If you are applying for *only* **foster child(ren)**, follow these instructions. You do **not** need to fill out a separate application for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

**If all children in the household are marked as foster children in Part 1:**

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. You do **not** need to provide the last four digits of your Social Security Number.

**Part 6:** This question is optional. You can choose whether or not to provide ethnic and racial data.

**ALL OTHER HOUSEHOLDS**, including WIC households and households with both foster children and non-foster children, follow these instructions:

**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 the Youth Nutrition Office at 568-1360.

If not, skip this part.

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

- **Section 1–Name:** List all household members who have income.
- **Section 2 –Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
  - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
  - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
  - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
  - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household and any other income received weekly, every other week, twice a month, monthly, quarterly, or annually. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by your family from the placing agency.
  - 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 write "none" if s/he doesn't have one). Writing "none" does **not** prevent your child(ren) from qualifying to receive free or reduced priced meals.

**Part 6:** This question is optional. You can choose whether or not to provide ethnic and racial data.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS				
Names of <b>all</b> people living in your household (First, Middle Initial, Last). If you need additional space, please attach a separate piece of paper.	School the child attends, or indicate "NA" if household member is not in school	Grade	Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, <b>skip to Part 5</b> to sign this form.	Check if <b>NO</b> income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS	PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS
If <b>any</b> member of your household receives <b>SNAP or RI Works Benefits</b> , provide the name and case number for the person who receives benefits and <b>skip to part 5</b> . If no one receives these benefits, go to Part 3. NAME: _____ CASE NUMBER: _____	If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Youth Nutrition Office at 568-1360.  HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/>

**PART 4. TOTAL HOUSEHOLD GROSS INCOME** (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / <u>quarterly</u>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)	
An adult household member must sign the application. If <b>Part 4 is completed</b> , the adult signing the form also must list the last four digits of his or her <b>Social Security Number</b> or write "none" if you do not have a Social Security Number. (See Privacy Act Statement on the back of this page.) I certify (promise) that all 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.	
Sign here: _____	Print name: _____ Date: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone Number: _____	Cell Phone Number: _____
Last four digits of Social Security Number (Write "None" if you do not have a Social Security Number): * * * - * * - _____	

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)	
Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_

Reason: \_\_\_\_\_

Temporary: Free\_\_\_ Reduced\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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 SNAP or RI Works Benefits case number 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.

**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

**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.

In addition, Rhode Island does not discriminate on the basis of sexual orientation or religion. To file a complaint of discrimination in the food program on the basis of sexual orientation or religion, contact: RI Department of Education, Office of Personnel, 255 Westminster Street, Providence, RI 02903 or call (401) 222-8437.