

HOLMDEL TOWNSHIP PUBLIC SCHOOL DISTRICT

"A Commitment to Excellence"



Office of Business Administrator/Board Secretary

65 McCampbell Road
Holmdel, NJ 07733
Tel 732-946-1800
Fax 732-946-1875

August 2014

Dear Parent or Guardian:

Under New Jersey State Law, all children enrolled in a public school must be surveyed. This survey is necessary ***EVEN IF THE SCHOOL AND/OR SPLIT SESSION KINDERGARTEN OR PREKINDERGARTEN CLASSES DO NOT PARTICIPATE IN ANY OF THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS.***

Attached is an application to be used for survey purposes. Please fill out this application as soon as possible, sign it and return it to the school.

New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare 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 FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID or NJ FAMILYCARE, AND RETURN IT TO YOUR CHILD'S SCHOOL. Contact information for NJ FamilyCare is listed below:

NJ FamilyCare

www.njfamilycare.org

1-800-701-0710

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

Village School
65 McCampbell Road
Holmdel, NJ 07733
732-946-1820

W.R. Satz School
24 Crawfords Corner Road
Holmdel, NJ 07733
732-946-1808

Indian Hill School
735 Holmdel Road
Holmdel, NJ 07733
732-946-1045

Holmdel High School
36 Crawfords Corner Road
Holmdel, NJ 07733
732-946-1832

Application #

School District Holmdel Public School District

FISCAL YEAR 2015

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School (Include foster children)

Names of all children enrolled in this school district only (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.
 Name _____ Case number _____

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator. Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often for each person; CHECK IF NO INCOME

1. Name (List everyone in household – include students listed above)	2. List gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions How Often?	Welfare, child support, alimony How Often?	Retirement, Social Security, SSI, VA How Often?	All Other Income How Often?	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

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


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: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____

Last 4 Digits of Social Security Number: *****-____-____-____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

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

 **Don't fill out this part. This is for school use only.** Error Prone

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: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Verifying Official Signature: _____ Date: _____

For State Agency Use	F to R	R to F	D to F	SS #	SB Temp
	F to D	R to D	D to R	Income	Other

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: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue., S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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.

APPLICATION INSTRUCTIONS

If your household received benefits from NJ SNAP (food stamps) or TANF, follow these instructions:

- Part 1: List all student names and the name of school for each child – **include foster children and check the box if a foster child**
Part 2: List the case number for any household member (including adults) receiving NJ 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, including any foster children, gets NJ SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

- Part 1: List all student names and the name of school for each child – **include foster children and check the box if a foster child.**
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 your school, homeless liaison, migrant coordinator.
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 ONLY applying for FOSTER CHILD/CHILDREN, follow these instructions:

If all children in the household are foster children:

- Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Enter income for foster child only or check no income box in column 3.
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.

ALL OTHER HOUSEHOLDS, including foster children, including WIC households, follow these instructions:

- Part 1: List all student names and the name of school for each child – **include foster children and check the box if 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 your school, homeless liaison, 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** household members, **including students listed in Part 1.**
 - Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to 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. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - Box 3 – **Check the no income for any household members (adults and children) that do not receive any income**

Part 5: 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.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

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).

- 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.