



FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE MEALS

1. WHO CAN GET FREE AND REDUCED MEALS? Your children can get free or reduced meals if your household's gross income is within the free or reduced limits on the Federal Income Chart, shown on the application.
2. 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 one school year and for the first 30 school days of the next school year. You must send in a new application each school year.
3. 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.
4. HOW MUCH DO MEALS COST? Lake Chelan Schools offer healthy, nutritious meals every school day. Breakfast costs \$2.00 in Elementary, Middle and High School; lunch costs \$2.65 in Elementary, \$2.85 in Middle and High School. Your children may qualify for free meals or for reduced price meals. Reduced price are free for breakfast and \$0.40 for lunch.
5. WHAT IS A REIMBURSABLE MEAL? A reimbursable meal consists of a minimum three (3) food components offered. All meals served to students must meet OSPI requirements by grade level with a weekly average of calories and sodium. Grade K-5: Sodium 1230 mg, Calories 550-650. Grade 6-8: Sodium 1360 mg, Calories 600-700. Grade 9-12: Sodium 1420 mg, Calories 750-850.
6. HOW DOES A REIMBURSABLE MEAL WORK? If your child takes one or two items, they will be charged for the individual item regardless of pay status. For example: Your child wants only milk; he or she will be charged even on the free or reduced program. Your child must take the minimum three (3) items (one of the three must be a ½ cup serving of fruit or vegetable) for the meal to be considered a reimbursable meal. If your child wants an extra item after receiving the reimbursable meal, such as a second entrée, he or she will be charged.
7. CAN FOSTER, HOMELESS, RUNAWAY, AND MIGRANT 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. 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 School's Special Programs Coordinator at 509-682-7744 to see if they qualify.
8. WHO DO I CALL IF I HAVE MORE QUESTIONS? Food Service Supervisor Holly Mogan can be reached by phone (509)682-3515 ext. 307 or by email at moganh@chelanschools.org

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."



PREGUNTAS FRECUENTES SOBRE LAS COMIDAS GRATUITAS Y DE PRECIO REDUCIDO

1. ¿QUIÉN PUEDE CONSEGUIR COMIDAS GRATUITAS Y REDUCIDAS? Sus hijos pueden recibir comidas gratis o reducidas si el ingreso bruto de su hogar está dentro de los límites gratuitos o reducidos de la Tabla de Ingresos Federales, que se muestra en la solicitud.
2. LA APLICACIÓN DE MI HIJO/A FUE APROBADA EL ÚLTIMO AÑO. ¿NECESITO LLENAR OTRA? Sí. La solicitud de su hijo/a sólo es válida para un año escolar y los primeros 30 días escolares del próximo año escolar. Usted debe enviar una nueva solicitud cada año escolar.
3. SI NO CALIFICO AHORA, ¿PUEDO SOLICITAR MÁS TARDE? Sí, usted puede aplicar en cualquier momento durante el año escolar. Por ejemplo, los niños con un padre o guardián que se queda desempleado pueden ser elegibles para comidas gratis o a precio reducido si el ingreso del hogar cae por debajo del límite de ingresos.
4. ¿CUÁNTO ES EL COSTO DE LAS COMIDAS? Las escuelas de Lake Chelan ofrecen comidas saludables y nutritivas cada día escolar. El desayuno cuesta \$2.00 en la Escuela Primaria, Middle y High School; el almuerzo cuesta \$2.65 en la escuela primaria, \$2.85 en la middle y high school. Sus hijos pueden calificar para comidas gratis o para comidas de precio reducido. El precio reducido es gratis para el desayuno y \$0.40 para el almuerzo.
5. ¿QUÉ ES UNA COMIDA REEMBOLSABLE? Una comida reembolsable consiste en un mínimo de tres (3) componentes de alimentos ofrecidos. Todas las comidas servidas a los estudiantes deben cumplir con los requisitos de OSPI por nivel de grado con un promedio semanal de calorías y sodio. Grado K-5: Sodio 1230 mg, Calorías 550-650. Grado 6-8: Sodio 1360 mg, Calorías 600-700. Grado 9-12: Sodio 1420 mg, Calorías 750-850.
6. ¿CÓMO FUNCIONA UNA COMIDA REEMBOLSABLE? Si su hijo/a toma uno o dos artículos, se le cobrará por el artículo individual, independientemente del estado de pago. Por ejemplo: si su hijo/a sólo quiere leche; él o ella será cobrado incluso en el programa gratuito o reducido. Su hijo/a debe tomar el mínimo de tres (3) artículos (uno de los tres debe ser una ½ taza de fruta o verdura) para que la comida se considere una comida reembolsable. Si su hijo quiere un artículo extra después de recibir la comida reembolsable, como una segunda entrada, se le cobrará.
7. ¿PUEDEN NIÑOS DE CRIANZA, SIN HOGAR, FUGITIVO, Y NIÑOS MIGRANTES COMER GRATIS? Sí, los niños de crianza temporal que están bajo la responsabilidad legal de una agencia de cuidado de crianza temporal o tribunal, son elegibles para comidas gratis. Cualquier niño adoptivo en el hogar es elegible para comidas gratis sin importar los ingresos. Los niños que cumplen con la definición de sin hogar, fugitivo o migrante califican para comidas gratis. Si no le han dicho que sus hijos recibirán comidas gratis, por favor llame al Coordinador de Programas Especiales de la Escuela al 509-682-7744 para ver si califican.
8. ¿A QUIÉN LLAMO SI TENGO MÁS PREGUNTAS? La Supervisora de Servicio de Alimentos Holly Mogan puede ser contactada por teléfono al (509)682-3515 ext. 307 o por correo electrónico a moganh@chelanschools.org

Declaración de no discriminación: Esto explica qué hacer si usted cree que ha sido tratado injustamente. "De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los Estados Unidos, a esta institución se le prohíbe discriminar por raza, color, origen nacional, sexo, edad o discapacidad. Para presentar una queja de discriminación, escriba al USDA, Director, Oficina de Adjudicación, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (Voz). Las personas con discapacidades auditivas o discapacidades del habla pueden comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339; o al (800) 845-6136 (español). USDA es un proveedor y empleador que ofrece igualdad de oportunidades. "

**National School Lunch Program/School Breakfast Program
2017-18 Letter to Households (Public Schools)**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

Grade Level	REGULAR			Grade Level	REDUCED-PRICE		
	Breakfast	Lunch	Snack		Breakfast	Lunch	Snack
K-5	\$ 2.00	\$ 2.60	\$ 0	\$ K-3	\$ 0	\$ 0	\$ 0
6-12	\$ 2.50	\$ 2.85	\$ 0	\$ 4-12	\$ 0	\$.40	\$ 0
Pre-K	\$ 2.00	\$ 2.60	\$ 0	\$ Pre-K	\$ 0	\$.40	\$ 0

WHO SHOULD FILL OUT AN APPLICATION?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

Turn in the application to Chelan Elementary OR Chelan Middle/High School.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 509-682-3515.

INCOME CHART					
Effective from July 1, 2017 to June 30, 2018					
Household Size	Annual	Monthly	2xMonth	Bi-Weekly	Weekly
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	\$ 30,044	\$ 2,504	\$ 1,252	\$ 1,156	\$ 578
3	\$ 37,777	\$ 3,149	\$ 1,575	\$ 1,453	\$ 727
4	\$ 45,510	\$ 3,793	\$ 1,897	\$ 1,751	\$ 876
5	\$ 53,243	\$ 4,437	\$ 2,219	\$ 2,048	\$ 1,024
6	\$ 60,976	\$ 5,082	\$ 2,541	\$ 2,346	\$ 1,173
7	\$ 68,709	\$ 5,726	\$ 2,863	\$ 2,643	\$ 1,322
8	\$ 76,422	\$ 6,371	\$ 3,186	\$ 2,941	\$ 1,471
For each additional member add:	+\$ 7,733	+\$ 645	+\$ 323	+\$ 298	+\$ 149

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

WHAT MUST BE ON THE APPLICATION?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Parts 1, 2, 3, 4, and 5. Part(s) 6 (and 7) are optional.

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete Parts 1, 2, 4, and 5. Part(s) 6 (and 7) are optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete Parts 1 and 5. Part(s) 6 (and 7) are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. Households not getting any assistance" and include the foster child's personal use income.

Last 4 digits of SSN are not required for D.

**National School Lunch Program/School Breakfast Program
2017-18 Letter to Households (Public Schools)**

WHAT IF I'M NOT RECEIVING BASIC FOOD DOLLARS?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

DO MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Yes. Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to [Food Help](http://www.foodhelp.wa.gov/basic_food.htm) (http://www.foodhelp.wa.gov/basic_food.htm).

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.

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. You must send in a new application unless the school told you that your child is eligible for the new school year.

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.

HEALTH COVERAGE

To inquire about or apply for health care coverage for kids in your family, please visit [Washington Health Plan Finder](http://www.wahealthplanfinder.org) (<http://www.wahealthplanfinder.org>) or you may call at 1-855-923-4633.

WHAT IF MY CHILD NEEDS SPECIAL FOODS?

If your child needs special foods, contact the school/district food service office.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with [Holly Mogan](#), the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number [509-682-3515 ext. 307](#)

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

2017-18 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
Lake Chelan School District

Complete, sign, and return this application to: Chelan Middle/High School 215 Webster Ave. OR Morgan Owings Elementary 407 E. Wooden, Chelan WA 98816
 Check here if you received meal benefits last year:

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Homeless			Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			Migrant	Foster	Homeless								
			<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"/>	

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to step 3.
 Basic Food TANF FDPIR Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case number is listed in step 2, skip step 3.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony				Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed				
			Monthly	2 X Month	Bi-weekly	Weekly		Monthly	2 X Month	Bi-weekly	Weekly	
	<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"/>
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	<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"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN:
 (total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member

5. Contact Information & Signature - I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____	Mailing Address _____	E-mail Address _____
Adult Household Member Signature _____	City, State & Zip Code _____	Date _____

