

**2016-2017 Family Application for Breakfast, Lunch and Afterschool Snacks/Meals**

Return application to youngest child's DCPS school that accepts applications. Do not return to a school that does not accept applications or a Charter School. Questions? Please call the Office of Food and Nutrition Services at 202-299-2159. Incomplete applications will be returned. Complete ONE APPLICATION for the whole household, even if the students go to different DCPS schools. Print neatly. Use dark blue or black ink.

**0447525568**

SCHOOL / OFFICE USE ONLY	
Date submitted from Parent to School	_____
School Official Initials	_____
Date submitted by School	_____
Date Received by OFNS	_____

**1 ALL HOUSEHOLD MEMBERS - List all household members (including infants, elderly, etc.) and the name of school for each child.**

Student ID Number	Names of all household members			Check if No Income	Is this person a DCPS student?		Date of Birth	Grade	Name of school for each child/ or indicate "NA" if child is not in school	Check if foster child**
	First	MI	Last		Circle 'Yes' or 'No'					
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>
				<input type="checkbox"/>	Yes	No	/ /			<input type="checkbox"/>

\*\*Foster child is the legal responsibility of the welfare agency or court. If all children listed above are foster children, skip to Part 5 to sign this form.

**2 BENEFITS**

If any member of your household receives SNAP, FDIPIR, or TANF Cash Assistance, 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 3. Medicaid and student ID numbers are not acceptable, please provide your case number.

Name:  Case Number:

**REFUSAL OF BENEFITS**

Check this box if you do not wish for your child(ren) to receive benefits. Verify the students listed in Part 1, then sign in PART 5.

**3 HOMELESS, MIGRANT, OR RUNAWAY CHILD**

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the DC OSSE Office of Transitory Services at (202) 671-6487 to learn about services for your family.  Homeless  Migrant  Runaway

**4 HOUSEHOLD GROSS INCOME. List ALL Household Members not listed in Section 1 (including yourself) even if they do not receive income. If they do receive income, report total gross income (before taxes). If they do not receive income, write 0.**

List ALL household members (including yourself) even if you do not receive income. Write 0 for no income.	Gross Income - Enter the income amount and choose the corresponding frequency. Weekly (W); Every 2 Weeks (E); Twice a Month (T); Monthly (M); Annually (A)																				
	Gross Income Before Deductions		Welfare, Child Support, Alimony				Pensions, Retirement, Social Security				Any Other Income										
			Weekly	Bi-Weekly	2 X Monthly	Monthly	Annually	Weekly	Bi-Weekly	2 X Monthly	Monthly	Weekly	Bi-Weekly	2 X Monthly	Monthly						
(Example) <i>Jane Smith</i>	\$						\$	149	99			\$	99	99			\$	50	00		
1)	\$						\$					\$					\$				
2)	\$						\$					\$					\$				
3)	\$						\$					\$					\$				
4)	\$						\$					\$					\$				

**5 SIGNATURE - Adult Must Sign Below at the X**

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 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.

X  Parent/Guardian First Name  Parent/Guardian Last Name  XXX - XX -  SSN  I do not have a Social Security Number

Parent/Guardian Email Address  -  -  Work Phone  -  -  Home Phone

/  / 201  Address  City  State  Zip Code

**6 CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

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

CENTRAL OFFICE USE ONLY	Total Income	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	Household Size	<input type="text"/>
	<input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/> CE	Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date	

# 2016 - 2017 Family Application for Breakfast, Lunch and Afterschool Snacks/Meals

Dear DCPS Parent/Guardian:

Your child's school offers nutritious, appetizing breakfasts and lunches each school day through the National School Breakfast and Lunch Programs; most schools also offer a light snack or supper to students attending Afterschool programming. The DCPS Family Application for Breakfast, Lunch and Afterschool Snacks/Meals (FARM) supports the DCPS Office of Food and Nutrition Services providing students with high-quality meals through federal meal reimbursement.

For school year 2016-17, 83 DCPS schools have been certified as Community Eligible, allowing *all children at those schools to receive lunch meals at no charge*. Breakfast and Afterschool Supper are free for all students. Households in which all students attend Community Eligible schools are not required to submit a FARM application for 2016-17. For a list of Community Eligible schools, please see <http://dcps.dc.gov/food>.

Please complete one application for all students that attend DCPS in your household every school year, even if they attend different DCPS schools. This does not include Charter Schools. Return your application to youngest child's DCPS school that accepts applications. **Do not return to a school that does not accept applications or a Charter School.** You may also complete your household application online through a secure e-form at <http://dcps.dc.gov/food>.

All students classified as "reduced" will receive free lunch meals. Elementary students classified as "paid" or who have not submitted a FARM application for 2016-17 will be charged \$2.60 for lunch. Secondary students classified as "paid" or who have not submitted a FARM application for 2016-17 will be charged \$3.10 for lunch.

## FREQUENTLY ASKED QUESTIONS

**- If my child(ren) do not qualify for free or reduced price meals and I do not want to provide my information, do I still need to submit a meal application?**

Yes. Complete Part 1, check the "REFUSAL OF BENEFITS" box in Part 2 and sign and date the form in Part 5.

Return the form to your youngest child's school that accepts applications. Do not return it to a school that does not accept applications, or a Charter School.

**- Do I need to fill out an application for each child?**

No. Complete one application for ALL students that attend DCPS in your household every school year, even if they attend different DCPS schools. This does not include Charter Schools. **Return application to youngest child's DCPS school that accepts applications. Do not return to a school that does not accept applications or a Charter School.**

**- Who can get free meals?**

All children in households in which one or more members receive assistance from SNAP, FDIPIR, or TANF can get free meals regardless of household income. Children can also qualify for free meals if their household gross income is within the limits of the Federal Income Eligibility Guidelines. Children in households receiving WIC may be eligible for free or reduced price meals.

**- Can foster, homeless, runaway or migrant children get free meals?**

Yes. Any foster child in the household is eligible for free meals regardless of household income. Children who meet the definition of homeless, runaway or migrant qualify for free meals.

**- 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 until September 30, 2016. You must send in a new application unless your child attends a Community Eligible school.

**- Will the information I give be checked?**

The information on the application may be checked at any time during the school year. School officials may ask you to send documentation to verify the information provided on the application.

**- In Part 1, who should I include as a member of my household?**

**You must include all people living in your household, related or not (e.g. grandparents, infants, friends) with whom you share income and expenses. You must include yourself and all children who live 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), they do not need to be listed.**

**- If my household income changes, may I reapply for meal benefits?**

Yes. If the size of your household increases, someone in your household begins receiving state assistance, or if your household income increases or decreases you should reapply for meal benefits.

**- What if I disagree with the school's decision about my application?**

Contact the DCPS Office of Food and Nutrition Services, 1200 First Street NE, 9<sup>th</sup> Floor, Washington, DC 20002, (202) 299-2159.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016- 2017**			
Household size	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,931	\$5,663	\$1,307
8	\$75,590	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

\*\*The above income chart is based on the Federal Eligibility Income guidelines for reduced meals. Per the DC Healthy Schools Act, households meeting federal reduced price meal qualifications are eligible to receive **FREE** meals

**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:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.