

Scotch Plains-Fanwood Public Schools
512 Cedar Street
Scotch Plains, NJ 07076

Christopher Jones
Business Administrator/Board Secretary

Phone (908) 232-6161 ext. 41301
Fax: (908) 889-0258

August 2022

Dear Parent/Guardian:

Children need healthy meals to learn. The Scotch Plains-Fanwood Public Schools offer healthy meals every school day. Your children may qualify for free meals or reduced price meals. This packet includes an application for free or reduced-price meal benefits and a set of detailed instructions. For a convenient way to fill out the meal application online at https://www.spfk12.org/free_reduced. Application can be filled out, then printed.

Please note the following: **INCOME VERIFICATION MUST BE SUBMITTED WITH EACH APPLICATION. DO NOT SUBMIT APPLICATION WITHOUT SUPPORT. APPLICATIONS WITHOUT VERIFICATION ARE NOT PROCESSED.** Applications including documentation may be submitted to Judi Resnicoff, Business Office, 512 Cedar Street, Scotch Plains, NJ 07076 or scanning and emailing to jresnicoff@spfk12.org. When school is in session, the application and documents also may be sent via backpack to Judi Resnicoff, Business Office.

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
School Lunch	TBD	TBD	TBD	TBD	TBD	TBD
	N/A	TBD*	TBD*			
Split Session Milk Program	TBD	N/A	N/A	N/A	N/A	N/A

*Variable Lunch Prices

N/A - Not Applicable

TBD - Prices to be set at August 25 Board Meeting

Below are some common questions and answers to help you with the application process.

- I. Who can get free and reduced meals?
 - All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ.
 - Foster children that are under the legal responsibility of a foster care agency or court.
 - Children participating in their school's Head Start program.
 - Children who meet the definition of homeless, runaway, or migrant.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines:

FEDERAL INCOME CHART For school Year 2022-2023			
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 household member	+8,732	+728	+168

2. Who needs to file an application? ALL applicants requesting free or reduced lunch including those receiving NJ SNAP or NJ TANF. Foster and homeless children must also submit an application. Documentation must be attached to each application. Documentation MUST include one or more of the following:
 - ☐ One recent pay stub, for employees.
 - ☐ 2021 Tax Return, for self-employed only. If spouse receives pay stubs, need to submit both tax return and pay stub.
 - ☐ Unemployment check stub.
 - ☐ Letter from employer with income amount and frequency of payments, if paid in cash.
 - ☐ Current Award Letter for SNAP or TANF.
 - ☐ Current Award Letter for Social Security.
 - ☐ Court documents and/or legal agreement for proof of child support and/or alimony.
 - ☐ Pensions/retirement/all other income, provide paystub of gross amount of deposit and frequency.

NOTE: Proof of Medicaid and Health Insurance are not acceptable.
3. 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 Dr. Lisa Rebimbas, Director of Special Services, 908-232-6161, 31501.
4. 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 with supporting income documents to one of your children's schools.

5. Should I fill out an application if I received a letter last school year saying my children are already approved for free meals? Yes, all students attending must submit an application this year.
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.
7. Since 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 along with your case number and award letter.
8. Will the information I give be checked? Yes. Documentation proving ALL forms of household income (i.e., paystubs, NJ SNAP, child support, social security, etc.) must be submitted with each application.
9. If I do not 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.
10. 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:

Hearing Officer Name: Christopher Jones

Address: 512 Cedar Street, Scotch Plains, NJ 07076

11. 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.
12. What if my income is not always the same? List the amount you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 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.
13. What if some household members have no income to report? 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.
14. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
15. What if there is not 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.
16. My family needs help. Are there any programs we might apply for? To find out how to apply for NJ SNAP, call 1-800-687-9512 or go to <https://www.state.nj.us/humanservices/njsnap/apply/ways>. You can also contact NJ FamilyCare at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family and for Medicaid. For Medicaid, you can also contact the Union County Board of Social Services at 1-908-791-7000 (Plainfield Area). For the WIC Program, call 1-908-753-3397 (Plainfield Area) or go to <https://www.nj.gov/health/fhs/maternalchild>.

If you have other questions or need help, call (908) 232-6161, ext. 41303.

Sincerely,



Christopher Jones
School Business Administrator

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, even if your children attend more than one school in the district. 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 your school.

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

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 the school system, regardless of age.

A) List each child's name: Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student in this school district? Mark "Yes" or "No" under the column titled "Student" to tell us which children attend the school district here. If you marked "Yes," write the grade level of the student in the "Grade" column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children Homeless, Migrant Worker, or Runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant Worker, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

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) or NJ SNAP.
- Temporary Assistance for Needy Families (TANF) or NJ TANF/Workfirst NJ.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county welfare agency. <http://www.nj.gov/humanservices/dtd/programs/nisnap/cwa/index.html>
- Go to STEP 4

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- 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

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

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.

<p>A) 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.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail completed form to your school district.</p>	<p>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.</p>
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2022-2023 Free and Reduced Price School Meals
Complete one application per household. Please use a pen (not a pencil)

STEP 1
List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	MI	School Attending	Grade	Student?	Check all that apply	Foster Migrant, Child Runaway	
							Yes	No		
Children in Foster care and children who meet the definition of Household Member, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.							<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"/>

STEP 2
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?
AWARD LETTER REQUIRED

<p>IF NO > Go to STEP 3.</p> <p>IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)</p>	<p>Case Number:</p>
<p>Write only one case number in this space.</p>	

STEP 3 Report income for ALL household members (Skip this step if you answered "Yes" to STEP 2)

ALL INCOME VERIFICATION MUST BE PROVIDED WITH APPLICATION!

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

\$

Frequency: ☐ Weekly ☐ Bi-weekly ☐ 2x/Month ☐ Monthly

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

[illegible]**Total Household Members
(Children and Adults)**

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X
X	X	X

Check if no SSN ☐

STEP 4 Contact information and adult signature. Mail Completed Form to: Judi Resnicoff, Business Office, 512 Cedar Street, Scotch Plains or jresnicoff@sph.12.org

7 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.*

Street Address		City		State		Zip		Daytime Phone and Email	
<div></div>		<div></div>		<div></div>		<div></div>		<div></div>	
Printed name of adult signing the form					Signature of adult				
<div></div>					<div></div>				
Today's date									
<div></div>									

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 (FDPRI) case number or other FDPRI 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.

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, disability, age, 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, 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) 632-9892. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out 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		Household Size		Categorical Eligibility <input type="checkbox"/>	
<div> <div>How often?</div> <div> <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly </div> </div>		<div> <div>Eligibility:</div> <div> <input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied </div> </div>			
Determining Official's Signature _____ Date _____		Confirming Official's Signature _____ Date _____		Verifying Official's Signature _____ Date _____	

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.