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Letter to Households in Schools/Districts Participating
in the **Seamless Summer Option (SSO)**

Dear Parent or Guardian:

We are pleased to inform you that Carlstadt Public School

will be participating in the National School Lunch Program's Seamless Summer Option (SSO) to provide **free meals for all students during the 2021-2022 academic school year.**

This letter is to inform you that your child(ren) will be able to receive free meals at no charge.

Even though the district is providing free meals to all students throughout the 2021-2022 academic school year, the Application for Free and Reduced-Price School Meals is still available and is used to determine eligibility for P-EBT benefits, state funding, and other benefits.

We encourage you to complete the attached application to see if you qualify for additional benefits.

If you have any questions, please contact us at: 201-672-3000 ext 3039

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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) 632-9992. 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.

This institution is an equal opportunity provider.

# SEAMLESS SUMMER OPTION
# FREQUENTLY ASKED QUESTIONS ABOUT THE APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

This packet includes the Application for Free and Reduced Price School Meals, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Children may receive additional benefits if your household's income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART For School Year **2021-2022** | | | |
|---|---|---|---|
| **Household Size** | **Annual** | **Monthly** | **Weekly** |
| 1 | 23,828 | 1,986 | 459 |
| 2 | 32,227 | 2,686 | 620 |
| 3 | 40,626 | 3,386 | 782 |
| 4 | 49,025 | 4,086 | 943 |
| 5 | 57,424 | 4,786 | 1,105 |
| 6 | 65,823 | 5,486 | 1,266 |
| 7 | 74,222 | 6,186 | 1,428 |
| 8 | 82,621 | 6,886 | 1,589 |
| Each additional person: | 8,399 | 700 | 162 |

1. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? If you answer "yes" to one or more of the following questions, your children may qualify. Please contact your school for more information: 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?

2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Application for Free and Reduced Price School Meals 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 to one of your children's schools.

3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A **DIRECT CERTIFICATION NOTIFICATION LETTER** THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **your school** immediately.

4. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Contact **your school if you have any questions about the online application.**

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes.

6. I GET WIC. SHOULD I FILL OUT AN APPLICATION? Children in households participating in WIC may be eligible for additional benefits. Please send in an application.

# 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. | B) Is the child a student in this school district? | C) Do you have any foster children? | D) Are any children Homeless, Migrant Worker, or Runaway? |
|---|---|---|---|
| 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. | 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. | 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. | 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 FDPIR?

**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: | B) If anyone in your household participates in any of the above listed programs: |
|---|---|
| • Leave **STEP 2** blank and go to **STEP 3.** | • Write a case number for SNAP, TANF, or FDPIR. 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/dfd/programs/njsnap/cwa/index.html<br>• 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

**Application #:**

# 2021-2022 Application for Free and Reduced Price School Meals

Available online at:

Complete one application per household. Please type or 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."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name [press spacebar to advance] | School Name (Abbr.) | Grade | Student attends this school district? Yes | Student attends this school district? No | Check all that apply: Foster Child | Check all that apply: Migrant Worker, Homeless, Runaway |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? YES ☐ NO ☐

**If you answered NO** > Complete STEP 3. **If you answered YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### 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 $ ____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

### 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.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? Weekly / Bi-Weekly / 2x Month / Monthly | Public Assistance/ Child Support/Alimony | How often? Weekly / Bi-Weekly / 2x Month / Monthly | Pensions/Retirement/ All Other Income | How often? Weekly / Bi-Weekly / 2x Month / Monthly |
|---|---|---|---|---|---|---|
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |
| | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ | $ | ○ ○ ○ ○ |

**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 ____ ____ ____ ____

**Check if no SSN** ☐

## STEP 4 Contact information and adult signature. Mail Completed Form To:

"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."

Street Address (if available) ____ Apt # ____

City ____ State ____ Zip ____

Daytime Phone and Email (optional) ____

Printed name of adult signing the form ____

Signature of adult ____

Today's 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).

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☐ **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.