

**EVANGELINE PARISH SCHOOLS
LETTER TO HOUSEHOLDS-SCHOOL YEAR 2010-2011**

Dear Parent/Guardian:

Children need healthy meals to learn. Evangeline Parish School System offers healthy meals every school day. Breakfast costs \$0.50; lunch costs \$1.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. 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 to: your child's school or to the School Board Office, Child Nutrition Department, at 404 Harvey Lebas Drive, Ville Platte, LA 70586.
2. **Who can get free meals?** All children in households receiving benefits from SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program), FDIPIR (the Food Distribution Program on Indian Reservations) or FITAP, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free meals?** If you haven't been told your children will get free meals, please call or e-mail Penny McDaniel, Migrant Coordinator, 337-363-2472 or Grace Sibley, Homeless Liaison, 337-363-7455 to see if they qualify.
4. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school board office at 337-363-0047 or toll free at 1-877-836-0045 if you have questions.
6. **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 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.
7. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
9. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year.
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: Toni Hamlin, Superintendent, 1123 Te Mamou Road, Ville Platte, LA 70586.
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
14. **We are in the military. do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **My spouse is deployed to a combat zone. is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-888-LAHELPU (1-888-524-3578)**.

If you have other questions or need help, call 337-363-0047 or toll free 1-877-836-0045. Si necesita ayuda, por favor llame al teléfono: 337-363-0047. Si vous voudriez d'aide, contactez nous au numero: 337-363-0047.

Sincerely,

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **SNAP** (THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, FORMERLY THE FOOD STAMP PROGRAM), **FITAP** OR **FDPIR** (THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

Part 1: List child(ren)'s name, school, grade, and the case number for any household member (including adults) receiving **SNAP**, **FITAP** or **FDPIR** benefits.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

LACHIP: Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, FITAP OR FDPIR BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List child(ren)'s name, school and grade.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

LACHIP: Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Use a separate application for each foster child. List the child's name, school and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any. If the child has no income, check the "No Income" box.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

LACHIP: Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List child(ren)'s name, school and grade.

Part 2: Check the appropriate box, if any.

Part 3: 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 children listed in Part 1. For any person, including children, with no income, you must check the "No Income" box.
- **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), disability benefits, and *All Other Income* sources. 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. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.

LACHIP: Fill this part out if you do **NOT** wish to share information from your family application with LACHIP.