

HATTIESBURG PUBLIC SCHOOL DISTRICT  
CHILD NUTRITION  
FREE/REDUCED FAMILY MEAL APPLICATION

NOTICE TO PARENTS

This is the 2009-2010 Free and Reduced Meal Application. A new Application must be completed each year. **Please use black ink and mark only in the designated areas.**

**Please complete only one form per household.** If you have more than six children enrolled in Hattiesburg Public Schools (living in your home), complete two forms.

**Use these school codes when completing your meal application:**

**12 Lillie Burney Elementary**  
**20 Grace Christian Elementary**  
**38 Hawkins Elementary**  
**42 Rowan Elementary**  
**52 Thames Elementary**  
**66 Woodley Elementary**  
**30 N. R. Burger Middle**  
**00 Mary Bethune Alternative**  
**08 Hattiesburg High**

**Remember incomplete, illegible, or incorrect applications will delay meal benefits!**

**Student Meal Prices for the 2008-2009 school year**

<b>Full Price Breakfast</b>	<b>\$ .75</b>
<b>Full Price Lunch</b>	<b>\$1.50</b>
<b>Reduced Price Breakfast</b>	<b>\$ .30</b>
<b>Reduced Price Lunch</b>	<b>\$ .40</b>

**Our elementary students will continue to participate in the Provision II Breakfast Program this year. This allows each elementary student to receive breakfast with out charge.**

If you have additional questions, please contact the Child Nutrition manager at your child's school or the Child Nutrition Office at 601.554.3883. We will be glad to assist you. Have a great school year!

DEAR PARENT OR GUARDIAN:

The Hattiesburg Public School District takes part in the National School Lunch and Breakfast Programs. Meals are served every school day. **Students may buy lunch for \$2.00, and/or breakfast for \$1.25.** Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.30 for breakfast for both elementary and middle/high schools. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals. **Please call (601) 582-5078 with any questions.**

**PLEASE PRINT NEATLY WITH BLACK INK- USE CAPITAL LETTERS- COMPLETE ONE APPLICATION PER HOUSEHOLD & ONE FOR EACH FOSTER CHILD.**

**PART 1** - IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Put X in the box provided if this application is for a Foster Child. Enter the Foster child's monthly PERSONAL USE income in the boxes provided. Foster children may be eligible for free or reduced price meals regardless of the income of the households with whom they reside.

**PART 2** - If you believe the child for whom you are applying is homeless, migrant, or a runaway, place an X in the appropriate box.

**PART 3** - Enter the enrolled Student's MSIS #/Student ID (if you know it), first name, middle initial, last name, date of birth, school code, and grade. **School Codes are located at the bottom of this letter.** If applicable, enter the SNAP, FDPIR, or Temporary Assistance for Needy Families (TANF) case number in the space provided for each child. If each child listed on the application has a Food Stamp, TANF, or FDPIR number, you may skip Parts 4 & 5. You MUST fill out Parts 4 & 5 if one or more students listed DOES NOT have a case number. If this is a foster child application, ONLY list the foster child - DO NOT list any other students.

**PART 4** - Enter the names of ALL OTHER people living in your household who are not listed above. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. Households with deployed service members should include their name and the income made available to the household. DO NOT include the names of the students listed in Part 3 unless the student receives income from a full-time or part-time job, and DO NOT include any foster children. If the individual has no income, you must put an X in the box indicating No Income next to the individual's name. Enter the Income BEFORE DEDUCTIONS in the appropriate column, and indicate the frequency at

**INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS**

**NOTICE:** If you currently receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), SNAP, FDPIR, or TANF your enrolled child(ren) may be eligible for free meals.

**MEALS FOR DISABLED:** If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meals.

**APPLY FOR BENEFITS:** You may apply for benefits at any time during the school year. If you are not eligible now but your income lessens, you lose your job, your household size becomes larger, or you become eligible for SNAP, FDPIR, or TANF benefits, you may complete another application at that time.

**REPORTING INCOME:** If your income is not always the same, list the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, enter that you receive \$1000 per month. If you normally get overtime, include it, but not if you get it

which the income is received. In the box marked "F", enter W if income entered is received weekly, E if income is received every 2 weeks, T if income is received twice a month, or M if the income is received monthly (see chart at the bottom of this page for income to report). If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

**PART 5** – Enter the total number of people living in your household from parts 3 and 4. If a student has been listed in both Part 3 and Part 4, count him/her only once.

**PART 6** - Enter your mailing address and telephone number.

**PART 7** - SIGN and PRINT the name of the adult filling out the application. Enter the date signed.

**PART 8** - Enter the Social Security Number of the adult household member filling out the application. If the adult household member does not have a Social Security Number, place an X in the box provided.

**PART 9** – Place an X in this box if YOU DO NOT WANT this application used in determining other benefits for your child such as Medicaid or the State Children's Health Insurance Program.

**PART 10 (OPTIONAL)** - Put an X indicating the student's race/ethnic origin in the boxes provided. You DO NOT have to provide this information.

only sometimes. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

**SOCIAL SECURITY NUMBER:** The application must have the Social Security Number of the adult who signs the application, or the box indicating that the adult does not have a Social Security Number must be checked. If a Food Stamp, FDPIR, or TANF case number for the child is listed, or if the application is for a foster child, a Social Security Number is not needed.

**CONFIDENTIALITY:** Household size, household income, and Social Security Number information will remain confidential. Information you provide will determine your child(ren)'s eligibility to receive free or reduced price meals.

**VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send records proving that your child should receive free or reduced price meals.

**PRIVACY ACT STATEMENT:** 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutritional 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:** 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**FAIR HEARING:** If you do not agree with the District's decision regarding your application, or the result of verification, you have the right to a fair hearing and may discuss it with Child Nutrition Office.

**SUBMIT:** Please return completed meal applications to your child's school cafeteria or to the Child Nutrition Office, 301 Mamie Street, Hattiesburg, MS, 39401. We will let you know when your application is approved or denied. Your benefits will be good for the entire school year.

Stephanie B. Hoze, Executive Director of Child Nutrition  
Hattiesburg Public School District

School Code	School Name
12	Lillie Burney Elementary
20	Grace Christian Elementary
38	Hawkins Elementary
42	Rowan Elementary
52	Thames Elementary
66	Woodley Elementary
30	N.R. Burger Middle
00	Mary Bethune Alternative Center
08	Hattiesburg High School

**INCOME TO REPORT**

Gross earnings before deductions; include all jobs	Monthly wages/salaries/tips before taxes, income from self-owned business, day care business or farm
Welfare, child support, alimony	Monthly public assistance payments, welfare payments, alimony/child support payments, adoption assistance
Pension, Social Security, permanent disability, other income	Monthly pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income, any other income
Temporary income, temporary disability, unemployment	Monthly temporary assistance, temporary disability, strike benefits, unemployment compensation, workers compensation

Until your application is processed, you will need to provide your child(ren) with money to purchase school meals at the prices listed above. **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.**

**This district participates in Direct Certification:** If you receive notification that your child has been directly certified to receive free meals for the school year, you DO NOT need to apply for meal benefits. If you do not receive notification, you must apply for meal benefits by completing a meal application.

**INCOME ELIGIBILITY GUIDELINES - Use the income chart below to see if you qualify for the free or reduced price meal program, effective July 1, 2009 - June 30, 2010**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,386	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For each additional family member, add:	\$6,919	\$577	\$289	\$267	\$134

\*A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

