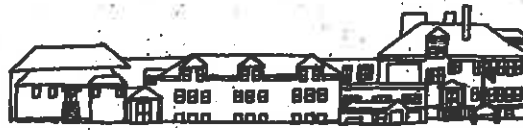


Cambridge School Directors  
Jeff Colett ~ Chairperson  
Suzan Juszkiewicz ~ Vice-Chairperson  
Nanci Lepsic ~ Clerk  
Jan Sander  
Kristy Wrigley



**Cambridge Elementary School**  
P.O. Box 180  
Jeffersonville, VT 05464-0180

Principal – Mary Anderson  
(802) 644-8821  
Fax: (802) 644-6531  
Web Site: <http://www.cesvt.org>

Dear Parent/Guardian:

Children need healthy meals to learn. Cambridge Elementary School offers healthy meals every day. The cost for Breakfast is .85¢; Lunch costs \$2.25. Your children may qualify for free meals or reduced price meals. There is no charge for reduced price breakfast and reduced price lunch costs .40¢.

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: **Cambridge Elementary School, Attn: Lisa Tatro, P.O. Box 160 Jeffersonville, VT 05464; 802-644-8821 x102.**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **3SquaresVT** or **Reach-Up** 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 Eligibility Guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Cambridge Elementary School, Lisa Tatro, 802-644-8821 x102** to see if they qualify.
5. **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, shown on this application.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER FROM 3SQUARESVT THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. To ensure your children receive meal benefits immediately, please send the letter to the school. Call the school at **802-644-8821 x102** if you have questions.

7. **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.
8. **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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T 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.
11. **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: **Lamolle North Supervisory Union, Attn: Superintendent, 95 Cricket Hill Road, Hyde Park, VT 05655; 802-851-1160.**
12. **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.
13. **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) who share income and expenses. You must include yourself and all children living 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), do not include them.
14. **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. If you have lost a job or had your hours or wages reduced, use your current income.
15. **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.

16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for 3SquaresVT or other assistance benefits, contact your local assistance office or call 1-800-479-6151.

If you have other questions or need help, call 802-644-8821 x102.  
*Si necesita ayuda, por favor llame al teléfono: 802-644-8821 x102.*  
*Si vous voudriez d'aide, contactez nous au numero: 802-644-8821 x102.*

Sincerely,



**Lisa R. Tatro**  
**Administrative Assistant**

**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 of the 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."



App. #

# APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2011-2012

To apply for free or reduced price meals, complete this form, sign it and return it to the school.

If you have any questions, or need help to fill this form out, please call the school.

Part 1. List each child's information.			
FULL NAME(S) of student(s)	Name of School	Grade	Check box if a Foster Child
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Part 2 Benefits:** If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Part 3.** If any child you are applying for is Homeless, Migrant, or a Runaway check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator.

Homeless  Migrant  Runaway

Part 4. INCOME Eligibility (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5)		Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)			
Name of Household Member List names of all household members, including students listed above	Gross Earnings from work - before deductions	Child Support, Alimony or Welfare	Social Security Pensions Retirement	Any other Income	
Example: Jane Smith	\$ 249.00 / weekly	\$ 300.00 / month	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

**Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number: XXX - XX - _____ <input type="checkbox"/> I do not have a Soc. Sec. number
	Home Phone _____
	Work Phone _____
	Date Signed _____

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org). For information on 3SquaresVT to help with food costs, call 1-800-287-0589 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**FOR SCHOOL USE ONLY or PLEASE DO NOT WRITE BELOW THIS LINE**

Household Size: _____	Total Income _____ Per Time Period ____ Year ____ Month ____ 20 Month ____ Every 2 Weeks ____ Week	NOTE: Annual Income Conversion - Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12
Signature of Approving Official _____ Date _____	Signature of Confirming Official _____ Date _____	Eligibility Determination: (Check the box and circle the reason) <input type="checkbox"/> Free Income 3SquaresVT / Reach-Up <input type="checkbox"/> Migrant/Runaway/Homeless <input type="checkbox"/> Foster Child: _____
<input type="checkbox"/> Reduced Income <input type="checkbox"/> Denied Over Income Incomplete Form Temporary Approval: _____ Free (30 days)* Elg. Start: _____ through End Date: _____ Follow up required after 30 days		

**INSTRUCTIONS FOR APPLYING**

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**

- Part 1: List each child's name, school name and grade.
  - Part 2: Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)
  - Part 3 & Part 4: Skip these parts.
  - Part 5: Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.
- Note: The 3SquaresVT Program and VT DOE send information to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you have not received this letter, please complete and return this form to ensure your children receive benefits.

**If you are applying only for a FOSTER CHILD(ren), follow these instructions:**

- Part 1: List the child's name, school and grade and check the box.
- Parts 2 through Part 4: Skip these parts.
- Part 5: Sign the form. The last four digits of the Social Security number are not necessary for foster parents.

**If some of the children in the household are foster children:**

- Part 1: List all children, their school and grade. Check the box if the child is a foster child.
- Part 2: If the household does not have a case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant or runaway check the appropriate box and call your school.
- Part 4: See the instructions for All other Households, Part 4 below.
- Part 5: Adult household member must sign and include the last four digits of the Social Security Number.

**If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:**

- Part 1: List the child's name, school and grade.
- Part 2: Skip this part.
- Part 3: Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.
- Part 4: Skip this part.
- Part 5: Sign the form. The last four digits of the Social Security number are not necessary.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

- Part 1: List each child's name, school, and grade.
- Part 2: Skip this part if the household does not have a case number.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.  
**First Column -Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.  
**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 gross income - not take home pay. Gross income is the amount earned before taxes and other deductions. This should be 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), Veterans Benefits (VA benefits), and disability benefits. Under *Any 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. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. 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 the last four digits of the Social Security number.

**Income Eligibility Guidelines**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
or each additional household member add	7,067	589	295	272	136

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.

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 (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR Identifier for your child or when you indicate that the 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.

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 toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."