

Family Meal Benefit Form for Free and Reduced Price School Meals/After School Snacks

Brandywine School District ■ SCHOOL NUTRITION ■ 4 MOUNT LEBANON ROAD WILMINGTON, DE 19803

July 2020

You only need to fill out ONE form per family.

Dear Parent or Guardian:

The Brandywine School District takes part in the National School Lunch Program/School Breakfast Program/After School Snack Program. Nutritious meals are served every school day. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. Elementary students may buy lunch for **\$1.50** and breakfast for **80 cents**. Secondary students may buy lunch for **\$1.75** and breakfast for **\$1.00**. You may prepay for school meals. Please make checks payable to **BSD School Nutrition** or visit <https://family.titank12.com> and set up an account to pay on line.

Children from households that meet Federal Income guidelines are eligible for free meals or reduced price meals. **For the 2020-2021 school year, the reduced priced meal cost is 40 cents for lunch and 30 cents for breakfast.** To apply for free or reduced price meals, complete and sign this form as soon as possible, and return it to your child's cafeteria.

If a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no additional charge for the meal. Substitutions can be arranged by contacting the School Nutrition Department.

APPEAL: If you do not agree with the District's decision on your form or the result of verification, you may wish to discuss it with school officials. You also may have the right to a fair hearing. This can be done by a written request to the Brandywine School District Official:

Dr. Jason Hale, Chief Financial Officer ■ Brandywine School District ■ 1311 Brandywine Blvd. ■ Wilmington, Delaware 19809

CONFIDENTIALITY: We will use the information on your form to decide if your child qualifies for free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes, such as verify Title I eligibility.

REAPPLICATION: You may apply for benefits anytime during the school year. If you are not eligible now but have a decrease in household income, an increase in household size, become unemployed, or receive Supplemental Nutrition Assistance Program (SNAP) or Delaware Temporary Assistance for Needy Families (DE-TANF) for your child, fill out a form at that time.

You will be notified when the meal benefit form is approved or denied.

Income Guidelines Reduced Price Meals Effective July 1, 2020 to June 30, 2021

Household Size	Yearly	Monthly	Twice Per Month	Every 2 weeks	Weekly	Use of Information Statement: This explains how we will use the information you give us. 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 submit all needed information, 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 primary wage earner or other 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 Nutrition 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.
1	\$23,606	\$1,968	\$984	\$908	\$454	
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614	
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773	
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933	
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092	
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251	
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411	
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570	
For each additional household member, add:	\$8,288	\$691	\$346	\$319	\$160	

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, audiotope, 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: How to File a Complaint, 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.

Sincerely,




School Nutrition Supervisor

This institution is an equal opportunity provider.

2020 - 2021 Brandywine School District Meal Benefit Form

Complete one application per household. Please use a pen (not a pencil).

Directions on reverse.

Apply online at

<https://family.titank12.com>

STEP 1 — All Children in School in the Household

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 School Meals** for more information.

Last Name	First Name	MI	Birth Date	School Name	Grade	Student	Homeless	Migrant	Runaway
			M M - D D - Y Y Y Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			M M - D D - Y Y Y Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			M M - D D - Y Y Y Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			M M - D D - Y Y Y Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

Case Number:

If you answered **NO** > Go to STEP 3. If you answered **YES** > Write a case number then skip to STEP 4.

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly											
	Earnings from Work				Public Assistance / Child Support / Alimony				Pensions / Retirement / All Other Income			
	How Often?				How Often?				How Often?			
	W	E	T	M	W	E	T	M	W	E	T	M
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			

Total Household Size
(Children and Adults)

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

Check if no SSN

STEP 4 — Contact Information and Adult Signature

"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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

Street Address (if available)

City

State

ZIP Code

Home Phone Number

Work Phone Number

Email

STEP 5 — Sharing Information

NO! I **DO NOT** want information from my Free and Reduced Price Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. **IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.**

YES! The School Nutrition Office may share information from this application for school meal benefits with Title 1, dental/vision examinations, and with School Counselors and Principals for fee waivers associated with SAT, ACT/AP Exams, IB Exams, Delaware College Prep Program, and/or verification for College Applications.

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household Size: _____ Categorical _____ Date Received: _____ Date Withdrawn: _____ Determining Official's Signature: x _____ Date: _____
Total Income: _____ Per _____ Week _____ Every 2 weeks _____ Monthly _____ Bimonthly _____ Confirming Official's Signature: x _____ Date: _____
Eligibility: Free _____ Reduced _____ Denied _____ Verifying Official's Signature: x _____ Date: _____