Household	Maximum	Household In	come	Maximum Household Income			
Size	Eligib	Eligible for Free Meals			Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	Weekly	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423	
2	20,826	1,736	401	29,637	2,470	570	
3	26,208	2,184	504	37,296	3,108	718	
4	31,590	2,633	608	44,955	3,747	865	
5	36,972	3,081	711	52,614	4,385	1,012	
6	42,354	3,530	815	60,273	5,023	1,160	
7	47,749	3,980	919	67,951	5,663	1,307	
8	53,157	4,430	1,023	75,647	6,304	1,455	
Each add'l member	+ 5,408	+ 451	+ 104	+ 7,696	+ 642	+ 148	

### ELIGIBILITY CRITERIA FOR FREE AND REDUCED PRICE MEALS EFFECTIVE JULY 1, 2016

**Family/Household** means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

**Gross Income** means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

- 1. Monetary compensation for services, including wages, salary, commissions, or fees;
- 2. Net income from non-farm self-employment;
- 3. Net income from farm self-employment;
- 4. Social security;
- 5. Dividends or interest on savings or bonds or income from estates or trusts;
- 6. Net rental income;
- 7. Public assistance or welfare payments;
- 8. Unemployment compensation;
- 9. Government civilian employee or military retirement, or pensions, or veterans payments;
- 10. Private pensions or annuities;
- 11. Alimony or child support payments;
- 12. Regular contributions from persons not living in the household;
- 13. Net royalties; and
- 14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

**Income** does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's <u>current</u> rate of income should be used in determining eligibility.

**Current Income** is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from the prior month) may be used; for example, self-employed people, farmers, and migrant workers

**Foster Children** whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household is categorically eligible for free meals and may be certified without a application. Households with foster and non foster children may chose to include the foster child as a household member, as well as any personal income earned by the foster child on the same household application that includes the non foster children. Foster children on the DC list are free eligible. Foster children cannot extend eligibility to household members.

**Institutionalized Children** are considered a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

**Adopted Children** for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a "subsidized" adoption, which may include children with special needs, the subsidy is included in the total household income.

Because some adopted children were first placed in families as foster children, parents may not be aware that, once the child is adopted, he/she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making eligibility determination.

### LETTER TO PARENTS FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Premier Charter School** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.85**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.25** for breakfast and **\$0.45** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

#### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Size	Annually	<u>Monthly</u>	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each add'l person add	+ 7,696	+ 642	+ 148

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? 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? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Kim Wright**.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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: **Premier Charter School** 

#### ATTN: **Ben Huebner** 5279 FYLER AVENUE ST. LOUIS, MO 63139

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A 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 **Ben Huebner at PCS**, **5279 Fyler Ave.**, **St. Louis, MO 63139 or call or email: 314-645-9600x406**, <u>bhuebner@premiercharterschool.org</u> immediately.

5. CAN I APPLY ONLINE? Yes! 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. Visit **our portal at** <u>https://mocloud1.infinitecampus.org/campus/portal/premiercharter.jsp</u> to begin or TO learn more about the online application process. Contact **Ben Huebner via phone or email if you have any questions about the online application**.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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 CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. 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.

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: Janice Denigan at PCS, 5279 Fyler Ave., St. Louis, MO 63139 Or call or email: 314-645-9600 x403, jdenigan@premiercharteschool.org

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.

Contact: Ben Huebner at Premier Charter School, 5279 Fyler Ave., St. Louis, MO 63139

Or call or email: 314-645-9600 x406, <u>bhuebner@premiercharterschool.org</u> to receive a second application.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for the Food Stamp Program/SNAP or other assistance benefits, contact your local assistance office or call 1-855-373-4636.

If you have other questions or need help, call **314-645-9600x406 and ask for Ben Huebner**. Sincerely,

#### Janice Denigan Head of Finance & Operations

USDA Non-discrimination Statement:

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, 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: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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 (566) 632-9992. Submit your completed form or letter to USDA by:

- 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.

# 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, <u>even if</u> <u>your children attend more than one school in Premier Charter School.</u> 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 Ben Huebner at Premier Charter School at 314-645-9600 or email bhuebner@premiercharterschool.org

### 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 Premier Charter School <u>regardless of age.</u>

List each child's name. Print each child's	Building name/Grade. If child is a	Do you have any foster children? If any children listed	Are any children homeless, migrant, or
name. Use one line of the application for	student, list building name and	are foster children, mark the "Foster Child" box next to	runaway? If you believe any child listed
each child. When printing names, write one	grade.	the child's name. If you are ONLY applying for foster	in this section meets this description,
letter in each box. Stop if you run out of		children, after finishing <b>STEP 1</b> , go to <b>STEP 4</b> .	mark the "Homeless, Migrant, Runaway"
space. If there are more children present		Foster children who live with you may count as	box next to the child's name and
than lines on the application, attach a second		members of your household and should be listed on	complete all steps of the application.
piece of paper with all required information		your application. If you are applying for both foster	
for the additional children.		and non-foster children, go to step 3.	

# 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)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

If no one in your household participates in any of the above			If anyone in your household participates in any of the above listed programs:				
listed p	rograms:	• W	Vrite a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you				
• Leave STEP 2 blank and go to STEP 3.			articipate in one of these programs and do not know your case number, contact: State number 1-855-373-				
		4	636 – FSD Information Center.				
		• G	to 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 reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)

Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are							
	ncome to report. If local officials suspect that your household income was r	eported incorrectly, your application will be investigated.					
	ne is received using the check boxes to the right of each field.						
<b>3.A. REPORT INCOME EARNED BY CHIL</b>							
	<b>y children.</b> Report the combined gross income for ALL children listed in STE	P 1 in your household in the box marked "Child Income." Only					
count foster children's income if you are ap	plying for them together with the rest of your household.						
	ey received from outside your household that is paid DIRECTLY to your child	dren. Many households do not have any child income.					
3.B REPORT INCOME EARNED BY ADU	LIS						
Who should I list here?							
	e include ALL adult members in your household who are living with you and	d share income and expenses, even if they are not related and even					
<ul> <li><u>if they do not receive income of th</u></li> <li><b>Do NOT include:</b></li> </ul>	en own.						
	ot supported by your household's income AND do not contribute income t	o your bousebold					
<ul> <li>People who live with you but are n</li> <li>Infants, Children and students alreaded</li> </ul>		o your nousenoid.					
List adult household members' names.	<b>Report earnings from work.</b> Report all total gross income from work in	Report income from public assistance/child support/alimony.					
Print the name of each household	the "Earnings from Work" field on the application. This is usually the	Report all income that applies in the "Public Assistance/Child					
member in the boxes marked "Names of	money received from working at jobs. If you are a self-employed	Support/Alimony" field on the application. Do not report the cash					
Adult Household Members (First and	business or farm owner, you will report your net income.	value of any public assistance benefits NOT listed on the chart. If					
Last)." <u>Do not list any household</u>		income is received from child support or alimony, only report					
members you listed in STEP 1. If a child	What if I am self-employed? Report income from that work as a net	court-ordered payments. Informal but regular payments should					
listed in STEP 1 has income, follow the	amount. This is calculated by subtracting the total operating expenses	be reported as "other" income in the next part.					
instructions in STEP 3, part A.	of your business from its gross receipts or revenue.						
Report income from	<b>Report total household size.</b> Enter the total number of household	Provide the last four digits of your Social Security Number. An					
pensions/retirement/all other income.	members in the field "Total Household Members (Children and	adult household member must enter the last four digits of their					
Report all income that applies in the	Adults)." This number MUST be equal to the number of household	Social Security Number in the space provided. You are eligible to					
"Pensions/Retirement/ All Other Income"	members listed in <b>STEP 1</b> and <b>STEP 3</b> . If there are any members of your	apply for benefits even if you do not have a Social Security					
field on the application.	household that you have not listed on the application, go back and add	Number. If no adult household members have a Social Security					
	them. It is very important to list all household members, as the size of	Number, leave this space blank and mark the box to the right					
	your household affects your eligibility for free and reduced price meals.	labeled "Check if no SSN."					
STEP 4: CONTACT INFORMATIC							
	member of the household. By signing the application, that household me						
	is section, please also make sure you have read the privacy and civil rights	s statements on the back of the application.					

Provide your contact information. Write	Print and sign your	Write today's date. In the space provided,	Share children's racial and ethnic identities (optional). On the
your current address in the fields	name. Print the	write today's date in the box.	back of the application, we ask you to share information about
provided if this information is available. If	name of the adult		your children's race and ethnicity. This field is optional and does
you have no permanent address, this	signing the		not affect your children's eligibility for free or reduced price
does not make your children ineligible for	application and that		school meals.
free or reduced price school meals.	person signs in the		
Sharing a phone number, email address,	box "Signature of		
or both is optional, but helps us reach you	adult."		
quickly if we need to contact you.			

# 2016-2017 Application for Free and Reduced Price School Meals

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

Date Received by LEA (LEA use only)

STEP 1 List ALL	L Household Members who are infants	, children, and students	<b>up to and including grade 12</b> (if more spaces	s are required for additional names, attach another sheet of paper)
Definition of <b>Household</b>	Child's First Name	МІ	Child's Last Name	Building Name Grade Foster Migrand
Member: "Anyone who is living with you and shares				
income and expenses,				
even if not related."				
Children in <b>Foster care</b> and children who meet the				
definition of <b>Homeless</b> , <b>Migrant</b> or <b>Runaway</b> are				
eligible for free meals. Read				
How to Apply for Free and Reduced Price School				
Meals for more information.				
STEP 2 Do any	Household Members (including you)	currently participate in	one or more of the following assistance p	rograms: SNAP, TANF, or FDPIR? Circle one: Yes / No
If you answered NO > Co	omplete STEP 3. If you answered YES > Write	e a case number here then go	to STEP 4 (Do not complete STEP 3) Case Number:	Write only one case number in this spa
STEP 3 Report	Income for ALL Household Member	<b>rs</b> (Skip this step if you an	iswered 'Yes' to STEP 2)	
	A. Child Income		ci	How often?
Please read How to Apply for Free		come. Please include the TOT	AL gross income earned by all children listed in	Weekly Bi-Weekly 2x Month Monthly
and Reduced Price	STEP 1 here.		\$	
School Meals for more information.	B. All Adult Household Members (inc			
The Sources of			hey do not receive income. For each Household Member rou enter '0' or leave any fields blank, you are certifying (p	er listed, if they do receive income, report gross income for each source in romising) that there is no income to report
Income for Children section will help	whole dollars only. If they do not receive mean	ie nom any source, while of in y	How offen?	How often?
you with the Child	Name of Adult Household Members (First and Last)	Earnings from Work Weekly	Bi-Weekly 2x Month Monthly Child Support/Alimony Weekly	Pensions/Retirement/
Income question. The Sources of Income		\$		
for Adults section				
will help you with the All Adult Household		\$	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $	
Members section.		s i i		
	Total Household Members			
	(Children and Adults)	-	Social Security Number (SSN) of ner or other adult household member	r. X X X X X Check if no SSN
STEP 4 Contac	t information and adult signature			
oren 4 oontae				
	ation on this application is true and that all income is repor y lose meal benefits, and I may be prosecuted under applic		on is given in connection with the receipt of Federal funds, and th	at school officials may verify (check) the information. I am aware that if I purposely give
Street Address (if available)	Apt#	City	State Zip	Daytime Phone and Email (optional)
Printed name of adult comple	eting the form	Signature of adult completing	g the form	Today's date
	THIS SECTION. THIS IS FOR SCHOOL US			
ANNUAL INCOME CON	VERSION: WEEKLY X 52, EVERY 2 WEE	EKS X 26, TWICE A MON	TH X 24, MONTHLY X 12 (USE ONLY IF MULT	
		Total income:	Per: 🗆	Week DEvery 2 Weeks DTwice a Month Month DYear
	uced Denied Reason:			Date withdrawn:
Determining Official's Sig	nature: nature (For verification purposes only):			Date Approved/Denied: Date:
Somithing Official's Sign	ature (i or vernication purposes only).			Date

### INSTRUCTIONS

#### Sources of Income

Sources of Inc	come for Children	Sources of Income for Adults				
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income		
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	Salary, wages, cash bonuses     Unemployment benefits		<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>		
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Net income from self- employment (farm or business)	- Supplemental Security Income (SSI)	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> </ul>		
<ul><li>Disability Payments</li><li>Survivor's Benefits</li></ul>	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	If you are in the U.S. Military:	<ul> <li>Cash assistance from State or local government</li> </ul>	- Annuities - Investment income		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	<ul> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> </ul>	<ul> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside</li> </ul>		
lacomo from on citario a	- A child receives regular income from a	- Allowances for off-base housing,	- Strike benefits	household		
Children's Racia	al and Ethnic Identities					

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 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 (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.

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, 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: <u>http://www.ascr.usda.gov/complaint\_filing\_cust.html</u>, 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 (566) 632-9992. Submit your completed form or letter to USDA by:

- 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.

### **PUBLIC RELEASE**

### July 2016

<u>Premier Charter School</u> announced its revised free and reduced price policy for school children unable to pay the full price of meals served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Children from families whose current income is at or below those shown are eligible for free or reduced price meals. Applications are available at the school office. To apply, fill out a Free and Reduced Price School Meals Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or Food Stamp/TANF case number, (2) names of all household members, and (3) the signature and last four digits of social security number or indication of no social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Household	Maximu	um Househo	ld Income	Max	kimum House	hold Income
Size		Eligible for F	ree Meals	Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	Weekly	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	20,826	1,736	401	29,637	2,470	570
3	26,208	2,184	504	37,296	3,108	718
4	31,590	2,633	608	44,955	3,747	865
5	36,972	3,081	711	52,614	4,385	1,012
6	42,354	3,530	815	60,273	5,023	1,160
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
Each add'l						
member	+ 5,408	+ 451	+ 104	+ 7,696	+642	+ 148

Foster children may be eligible regardless of the income of the household with whom they reside.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Households will be notified of their children's eligibility status for free or reduced price meals. If any children were not listed on the eligibility notice for families receiving SNAP, TANF or FDPIR, the household should contact the school to have free meal benefits extended to those children.

If any child(ren) was not listed on the eligibility notice, the household should contact the LEA or school to have free meal benefits extended to that child(ren).

Under the provisions of the policy, the **Accounting Manager** will review the applications and determine eligibility. If a parent is dissatisfied with the ruling of the determining official, they may wish to discuss the decision with the hearing official on an informal basis or he/she may make a request either orally or in writing to the **Head of Finance & Operations**. Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.

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Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

## Income Eligibility Guidelines (Effective July 1, 2016 through June 30, 2017)

		FREE MEALS - 130%					EE MEALS - 130% REDUCED PRICE MEALS - 185%			
Household Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$15,444	\$1,287	\$297	\$594	\$644	\$21,978	\$1,832	\$423	\$846	\$916
2	20,826	1,736	401	801	868	29,637	2,470	570	1,140	1,235
3	26,208	2,184	504	1,008	1,092	37,296	3,108	718	1,435	1,554
4	31,590	2,633	608	1,215	1,317	44,955	3,747	865	1,730	1,874
5	36,972	3,081	711	1,422	1,541	52,614	4,385	1,012	2,024	2,193
6	42,354	3,530	815	1,629	1,765	60,273	5,023	1,160	2,319	2,512
7	47,749	3,980	919	1,837	1,990	67,951	5,663	1,307	2,614	2,832
8	53,157	4,430	1,023	2045	2,215	75,647	6,304	1,455	2,910	3,152
For each add'l person, add	+ 5,408	+ 451	+ 104	+ 208	+ 226	+ 7,696	+ 642	+ 148	+ 296	+ 321