



Kyrene School District
8700 S Kyrene Road
Tempe, AZ 85284
2016-2017



Children need healthy meals to learn. Kyrene School District offers healthy meals every school day.

The meal prices are as follows:

Elementary School Breakfast price is **\$1.00** (if offered at the school); Elementary School Lunch price is **\$2.65**

Middle Schools Breakfast price is **\$1.00** at all sites; Middle School Lunch price is **\$2.75**

Reduced-price breakfast is **\$0.30** and Reduced-price lunch is **\$0.40** at all sites

Your child(ren) may qualify for free meals or reduced-price meals. You will have to pay the regular price for meals until your application is processed and eligibility determined. Eligibility from another school district does not automatically roll to Kyrene School District.

This program provides one breakfast and one lunch meal per day per student.

1. WHO CAN GET FREE MEALS?

- a. All children in households receiving benefits from **SNAP (Supplemental Nutrition Assistance Program)**, **FDPIR (Food Distribution Program on Indian Reservations)** or **TANF (Temporary Assistance for Needy Families)**, can get free meals regardless of income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- d. Children can get free or reduced-price meals if your household's gross 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.

Federal Eligibility Income Chart for School Year 2016-2017			
Household Size	Yearly Income	Monthly Income	Weekly Income
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
Each additional person:	+\$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 have not been notified that your children will get free meals, please e-mail **Leticia Beltran (lbeltran@kyrene.org)** or call at **480-541-1523** for qualification. Eligibility must be determined or re-established for each school year.
- 3.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A DIRECT CERTIFICATION LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter carefully and follow the instructions. **Call Linda Stewart (480-541-1350) at the Kyrene School District Office if you have questions or check on eligibility status.** Each child receives an individual letter; contact us if you do not get a letter for each student.
5. 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 the school office. Securely attach a paper for additional family

members if necessary and income information if needed. **Contact Linda Stewart (480-541-1350) for applications that can be translated in 33 languages or visit the following website: <http://www.fns.usda.gov/school-meals/family-friendly-application-translations>.** The high schools in the area are in the Tempe Union High School District and a separate application must be completed at the high school for those students in your household.

6. CAN I APPLY ONLINE?

No. Our district does not have the option to apply for free or reduced-price meals online at this time. **Please contact Linda Stewart, Kyrene School District, 8700 S. Kyrene Road #MS1A, Tempe, AZ 85284; phone at 480-541-1350 or lstewa@kyrene.org** and refer to the information above to complete a paper application.

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. **Return applications to the school office, fax directly to 480-541-1814 or scan and email to Linda Stewart at lstewa@kyrene.org.**
8. I RECEIVE WIC BENEFITS. 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 and submit 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 District officials. You also may ask for a hearing by contacting our District's Chief Financial Officer, 8700 S. Kyrene Road Tempe, AZ 85284 or call (480) 541-1350 or email your request to lstewa@kyrene.org to begin the process.
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. 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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
16. 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.**
17. **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 the basic pay because of the deployment and it wasn't received before** he/she was deployed, combat pay is **not counted as income.** Contact Linda Stewart at 480-541-1350 for more information.
18. 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 1-800-352-8401. For Kyrene School District assistance contact our Family Resource Center at 480-541-4772.
19. HOW DO I FIND OUT WHAT MY DETERMINATION OF ELIGIBILITY IS? Within a few days of receipt and processing of the application, notification letters are given to the only or oldest Kyrene student in the family to take home to the parent/guardian. Please contact us if not all your children who are enrolled in a Kyrene school are listed on the letter.

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, even if your children attend more than one school in Kyrene School District. The application must be filled out completely to certify your children for free or reduced-price school meals. Return application to the school office, or fax to 480-541-1814 or email to Linda Stewart at lstewa@kyrene.org

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Linda Stewart/Kyrene School District at 480-541-1350 or lstewa@kyrene.org.

Please remember to use a pen (not a pencil) when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12.

This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper securely with all required information for additional children.

If the children attend school, please list the name of the school and grade.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway. You may submit a "DES Notice of Provider" form in place of an application for Foster children.

Once all children have been listed, go to STEP 2.

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the 8 digit Case Number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and go to STEP 3.

STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child Income- Report all Gross income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the combined gross income for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.

Social Security <ul style="list-style-type: none"> Disability payments Survivor Benefits 	<p>A child is blind or disabled and receives Social Security benefits.</p> <p>A parent is disabled, retired, or deceased and their child receives social security benefits.</p>
Income from persons outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

- B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household child(ren) members you listed in STEP1.** List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report Gross income (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>For military families:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers Compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment Income Earned Interest Rental Income Regular cash payments from outside household

The back of this application provides the same Sources of Income charts.

- C. Total number of household members and SSN.
Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled "Check if no SSN."

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

OPTIONAL INFORMATION - Race and Ethnicity

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

OPTIONAL INFORMATION - Consent for Sharing NSLP Meal Application Information – See separate page to complete.

The document entitled “Consent for Sharing NSLP Meal Application Information” provides a place for you to give or deny permission for the Kyrene District Office to share your information with other District employees and programs that may also be able to provide you with resources for your children. Read this information and check “yes” to grant permission to share your information. Check the box next to NO if you do not want the District to share your information.

List only the children in Kyrene School District. Include a parent or guardian signature and date at the bottom of the page.

If you have other questions or need help, call: 480-541-1350
Si necesita ayuda, por favor llame al teléfono: 480-541-1350

Sincerely,



Jeremy Calles
Chief Financial Officer
September 2016

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 http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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