2023-24 Chapel Hill-Carrboro City Schools Free and Reduced Price School Meals Household Application 750 S. Merritt Mill Rd., Chapel Hill, NC 27516 / 919-967-8211 ext 28270 (Complete one application per household. Please use a pen.)

 A. CHILDREN and STUDENT Household Members 1) LIST the names of ALL INFANTS, CHILDREN and STUDENT to and including grade 12. 2) CIRCLE "S" for STUDENT or "O" for Other children that ar indicate the child's role in the household. 		of the School where the student is currently enrolled and their current		NOTE: For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 1 of this booklet CHILD/STUDENT INCOME Earnings from Work CHILD/STUDENT INCOME				B. Assistance Programs Do any Household members (including you) currently participate in one or more of the following assistance
		Grade.	R = Runaway F = Foster	ENTER total GROSS income deductions) in whole dollar			from L OTHER Sources	programs: FNS, Work First Cash
First Name MI Last Name	Circle One:	School Name Grade	Circle One:	GROSS Income CIRCLE		·	CIRCLE Frequency	Assistance/TANF or FDPIR?
	's 0		H M R F	\$ Weekly BisWeek			Weekly Monthly Bi-Weekly Bi-Montly	
	S O		H M R F	\$ Weekly Bi-Week			Weekly Monthly Bi-Weekly Bi-Montly	If "YES" please
	TTT SO		H M R F	\$ Weekly Bi-Week	Month	oly s TTT	Weekly Monthly Bi-Weekly Bi-Montly	provide a case number (only one)
	T T S. O		HMRF	c Weekly	Month		Weekly Monthly	CASE NUMBER:
]] HMRE	Bi-Weekly	dy Bi-Mo Month	(0.00 (0.00)	Bi-Weekly Bi-Montly Weekly Monthly	
				BI-Week	dy Bi-Mo	ntiy ?	Bi+Weekly Bi-Montly	then SKIP to SECTION E
	5 0		H M R F	\$ Weekly Bi-Week		ntly 7	Weekly Monthly Bi-Weekly Bi-Montly	SECTION E
C. ADULT Household Members	1) For EACH ADUI indicate NO INCO 2) USE whole doi	LT household member (including yours ME where applicable. If an income fiel lar amounts only (no cents) (ex. \$1000 n page 2 or the reverse side of this app	elf) <i>ENTER ALL</i> types d is left blank it certi). NOTE: For more in	and amounts of income receivifies there is no income to repo formation on types of income	ived. Please ort. • e see the "S e	e INSERT a "0" to ources of Income for	D. Household Total and So (SSN)	ocial Security Number
LIST ALL ADULT household members (FIRST and LAST name) even if they do not rec First Name (Head of Household) Last Name (Head of Household)	elve income. ADULTS" chart or GROSS Income Earnin from WORK	n page 2 or the reverse side of this app Public As Ch Ch		E Frequency Pensions/Re		CIRCLE Frequency	ENTER Total Number of Household Members (Children and Adults) HERI	
	\$	Weekly Monthly 5 BI-Weekly Bi-Monthy	Weekly Bi-Wee	Monthly 5		Veekly Monthly i-Weekly Bi-Montly	ENTER LAST FOUR DIGITS	OF
First Name (Other Adults) Last Name (Other Adults)						ant die konstrukciju staline st. zanko st. lako i estak ilik konstrukciji i estak ilik konstrukciji i estak i	SSN HERE (Head of Household o Primary Wage Earner ONLY)	·
	\$	Weekly Monthly \$ Bi-Weekly Bi-Montly	Weekly Bi-Wee	kly Bi-Montly		Meekly Monthly Bi-Weekly Bi-Montly	l do not have a Social	Security Number
	\$	Weekly Monthly \$ Bi-Weekly 81-Monthy	Weekly Bi-Wee			Veekly Monthly Ii-Weekly Bi-Montly	84 I -	Security Named
	\$	Weekly Monthly \$	Weekly Bi-Wee			Veekly Monthly Ii-Weekly Bi-Montly	F. Child(ren)'s Ethnic and F (Optional)	acial Identities
	\$	Weekly Monthly \$	Weekly Bi-Wee			Meekly Monthly Bi-Weekly Bi-Montly	SELECT one ethnicity: Hispanic or Latino	
E. Attestation: An adult household member must sign the application			all Annual Common (Common (Com	nasta, paan parata p	100	usidani (Not Hispanic or Latino	diago of otherisis it.
"I certify (promise) that all information on this application is true and that all incor information. I am aware that if I purposely give false information, my child(ren) m		this information is given in connection be prosecuted under State and Federal		ederal funds, and that school o	officials ma	y verify (check) the	SELECT one or more (regard American Indian or Ala	
Head of Household Signature:	Today's Date: Email:		Address:				☐ Black or African Americ ☐ Native Hawaiian or oth	
Printed Name:	Contact Number	•	City:	[5	State:	Zip Code:	☐ White	
FOR OFFICE USE ONLY Total Household Members: Total Household Income: Weekly Bi-Weekly Monthly Fligibility Determination: Reason for Denial of Flig	☐ Categorical Eligibility ☐ F ☐ Reduced ☐ Denled.	Determining Official's Signature Confirming Official's Signature Verifying Official's Signature 8	& Oate:					
☐ Bi-Monthly. ☐ Annually		Vertiging Officials Signature of						

CHAPEL HILL-CARRBORO CITY SCHOOLS FREE AND REDUCED MEAL APPLICATION 2023-2024 FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Chapel Hill-Carrboro City Schools offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$3.00 Children need healthy meals to learn. Chapel Hill-Carrboro City Schools offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$3.00 (K-5) and \$3.25 (6-12). Your children may qualify for free meals or for reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application for free or reduced price meal benefits with instructions on the application.

All children in households receiving benefits from Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distribution Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Nedy Families or TANF), are eligible for free meals.

Foster children participating in their school's Federally-funded Head Start program are eligible for free meals.

Children who meat the definition of homeless, runway, or migrant are eligible for free meals.

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Children way receive free or reduced price meals from Food and Nutrition Services (FNS, formerly known as Food Stamps), the Food Distributions (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program on Indian Reservations (FDPR) or Work First Cash Assistance (formerly Temporary Assistance for Pool Program or eligible for free meals.

Children way receive free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART

Household income falls at or below the limits on this chart.

FEDERAL INCOME CHART

Weekly Start Program July 1, 2023 June 30, 2024

FEDERAL INCOME CHART

FEDERAL INCOME CHART

Weekly Start Program July 1, 2023 June 30, 2024

Start Program July 1, 2023 June 30, 2024

Start Program July 1, 2023 June 30,

chccs.k12.nc.us.
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: School Nutrition Office, 750 S. Merritt Mill Rd., Chapel Hill, NC 27516. Call the School Nutrition Office at 919-967-8211 ext

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\$93,536

\$7,795 \$7,003 \$6,210 \$5,418 \$4,625

\$3,898 \$3,502 \$3,105

\$3,598 \$3,232

\$1,799 \$1,616 \$1,434 \$1,251 \$1,068

\$84,027

O G 4

\$74,518 \$65,009 \$55,500

\$2,709

\$2,867 \$2,501 \$2,313

\$2,135

\$885 \$702 \$519 Weekly

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 Debbie Koonce at 919-967-8211 ext.

28270; 750 S. Merritt MIII Rd., Chapel Hill, NC 27516; dkoonce@chccs.k12.nc.us immediately.

5. 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.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals.

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

8. 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.

9. 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: Jonathan Scott, Chief Financial Officer for Business and Finance, 750 S. Merritt Mill Rd., Chapel Hill, NC 27516 919-967-8211 ext 28261; jscott@chccs.k12.nc.us.

10. 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.

11. 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.

12. 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, write a 0 in the field. However, if any income fields are left empty or blank, those will assume you meant to do so.

13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. However, if your 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.

14. 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 Debbie Koonce at 919-967-8211 ext. 28270; 750 S. Merritt Mill Rd., Chapel Hill, NC 27516; dkoonce@ chccs.k12.nc.us to receive a second application.

15. MY FAMILY NEEDS MORE HELP ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Food and Nutrition Services (FNS, formerly Food Stamps) or other assistance benefits, contact your local assistance office or call The Careline at 1-800-662-7030.

If you have other questions or need help, call **919-967-8211 ext 28270 or ext 28219.**Sincerely, Sincerely, Andre Stewart, Deputy Chief Operations Officer, 919-967-8211 ext. 28228

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 meets. 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 of the adult household member who signs the application. The last four digits of the social security number of indian supply on behalf of a foster child or you list for free mental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (PATE) 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 meats, 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 look into with education, health, and nutrition programs to help them look into

n accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national prigin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retailation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, auditable, American Sign Language), should contact the responsible state of loteal agency that administers the program or USDAs TARGET Center at (202) 750-2600 (voice and TTTY) or contact USDA hrough the Federal Relay Service at (800) 877-8339.

The first program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/befault/files/documents/sd-3027 pdf from any USDA office, by calling (865) 632-9982, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 2025-09410, fax: (833) 256-1685 or (202) 690-7442; or email: Program.Intake@usda.gov; This institution is an equal opportunity provider.

-Social Security
-Disability Payments
-Survivor's Benefits Earnings from work Sources of Income Sources of Income for CHILDREN/STUDENTS A child receives regular income from a private pension fund, annuity or trust -A child is blind or disabled and receives Social Security benefits -A Parent is disabled, retired or deceased and their child receives Social Security benefits -A child has a regular full or part-time job where they earn a salary or wages -Salary, wages, cash bonuses -Net income from self-employment (farm or business) -Basic pay and cash bonuses (do NOT include combat pay. FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing clothing -If you are in the U.S. Military Earning from Work -Unemployment benefits
-Worker's compensation
-Wupplemental Security
Income (\$\$I)
-Cash Assistance from State
or local government
-Alimony payments
-Child support payments
-Veteran's benefits
-Strike benefits Public Assistance/Alimony/ Child Support Sources of Income for ADULTS -Social Security (including rallroad retirement and black lung benefits)
-Private pensions or disability benefits
-Regular income from trusts or extares Rental income Regular cash payments om outside household Pensions/Retirement/ All Other Income interest

Weekly = Once per week Bi-Weekly = Every two (2) weeks
Monthly = Once per month Bi-Monthly = Twice per month
Applied to the color of the color