

The General McLane School District offers a choice of healthy meals each school day. Your children may buy lunch for \$1.65 in the elementary schools and \$1.75 at the middle and high schools (or \$2.10 for a premium lunch). Your children may buy breakfast for \$1.10 (or \$1.35 premium). Premium meals are available to all students approved for free or reduced meals at no additional charge. Your children may also receive meals free or at a reduced price of \$.40 for lunch and \$.30 for breakfast. All meals must meet nutrition standards established by the U.S. Department of Agriculture. If a child has been determined by a physician to be disabled and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a physician. If a substitution is required, there will be no extra charge for the meal. Please note that a substitution is not required for a food allergy, unless it meets the definition of a disability. If you believe your child requires a substitution because of a disability, please contact us for further information.

**How do I get free or reduced price school meals for my child(ren)?**

You must complete the attached Meal Benefit Application and return it to the school.

Households receiving Food Stamps or TANF only have to include your child(ren)'s name(s) and the 9 digit Food Stamp or TANF **case number**, and an adult signature for the application to be complete. The 9 digit case number is the number sent to you by the County Assistance Office. **You cannot use the numbers on your Medical Assistance or EBT Access Cards.**

**Reduced Price Meal Income Chart**

Household Size	Annual	Monthly	Weekly
1	17,224	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
For each additional member add	+5,883	+491	+114

Households that do not receive Feed Stamps or TANF must include the names of all household members, the amount of income each member received last month and where the income came from. An adult household member must sign the application and include their social security number, or indicate that they don't have a social security number.

Households with a foster child must include the foster child's name and the amount of "personal use" income the child received last month. An adult must sign the application.

**Will the application be verified?**

Your eligibility may be checked at any time during the school year. School officials may ask you to send income information that shows that your child(ren) should get free or reduced price school meals.

**Can I appeal the school's decision concerning whether or nor my child(ren) is/are eligible for free ore reduced price meals?**

You can talk to Mr. Henning at 734-4112 if you do not agree with the school's decision on your application. You may also ask for a fair hearing by calling or writing to: Alan J. Karns, Superintendent, 11771 Edinboro Road, Edinboro, PA 16412. Phone 734-1033.

**Must I report changes?**

If your child(ren) receive(s) free or reduced price school meals because of your income, you must tell us if your household size decreases, or if your income increases by more than \$50 per month or \$600 per year. If your child(ren) receive(s) free school meals because your household receives Food Stamps or TANF, you must tell us when you no longer receive these benefits.

**Will information on my application be kept confidential?**

We will use the information on your application to decide if your child(ren) should receive free or reduced price school meals. We may inform officials connected with Federal Programs, such as Title I, the National Assessment of Educational Programs, services provided by the Perkins Vocational and Technical Education Act of 1990, State education programs, such as the Pennsylvania System of State Assessment; of the information on your application to determine benefits for those programs for funding and/or evaluation purposes.

**Can I apply for free or reduced price school meals later?**

You may apply for free or reduced price school meals at any time 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 begin to receive Food Stamps or TANF, complete a Meal Benefit Application at that time.

We will let you know if your application for free or reduced price meals is approved or denied.

## FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete on Meal Benefit Application for the child(ren) attending school using the following instructions. Sign and return the Meal Benefit Application to the school. If you have any questions, please contact the school at the number provided.

### PART 1 – STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the name of the child(ren) for whom you are applying.
2. List the child's grade and school building name.

### PART 2 – FOOD STAMPS AND TANF HOUSEHOLDS COMPLETE PART 2 AND PART 5

1. List a current Food Stamp or TANF Cash Assistance Case Number for the child(ren). This is the nine digit number on your notification letter from the County Assistance Office. Only the case number is acceptable for free meal benefits. *A Medical Assistance and/or EBT Access card number may not be used.*
2. Skip Part 4. Do not list names of household members or income if you list a Food Stamp or TANF Cash Assistance Case Number for the household.
3. Sign the Meal Benefit Application in Part 5. An adult household member must sign.

### PART 3 – HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PART 5.

Check if this is a foster child. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's "personal use" income. Write "O" if the foster child does not receive "personal use" income. "Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees and allowances; and (b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time job(s). Personal use income does not include the welfare funds paid to the foster parents for such things as shelter and care or medical and therapeutic services. Skip Part 4. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the Meal Benefit Application in Part 5.

### PART 4 – ALL OTHER HOUSEHOLDS COMPLETE PART 4 AND 5.

1. Write the names of everyone in your household, whether they have income or not. Include yourself, the child(ren) you are applying for free or reduced meals, other children, your spouse, grandparents and other related or unrelated people in your household. Use another piece of paper if additional space is required.
2. Write the amount of income each household member received **last month**, before taxes or other deductions, and the income source, such as earnings, welfare, pensions and other income\*. If any amount **last month** was more or less than usual, write that person's usual income.

<u>Earnings From Work</u>	<u>*Income to Report</u>	<u>Other Income</u>
Wages/salaries/tips	Pensions/Retirement/Social Security	Disability benefits
Strike benefits	Pensions	Cash withdrawn from savings
Unemployment compensation	Supplemental Security Income	Interest/dividends
Worker's compensation	Retirement Income	Income from estates/trusts/investments
Net income from self-owned business or farm	Veteran's Payments	Regular contributions from persons not living in the household
	Social Security	Net royalties/annuities/net rental income
	<u>Welfare/Child Support/Alimony</u>	Any other income
	Public Assistance payments	
	Welfare payments	
	Alimony/child support payments	

### PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE.

1. The Meal Benefit Application must have the signature of an adult household member.
2. The Meal Benefit Application must have the Social Security Number of the adult signing the application. If the adult does not have a Social Security Number write "none". If you listed a Food Stamp or TANF Case Number for the household or if the child is a foster child, a Social Security Number is not required.

### PART 6 – RACIAL/ETHNIC IDENTITY:

It is an option to complete the racial/ethnic identity information. This section does not have to be completed to receive meal benefits. The information requested is to ensure all children are treated fairly.