

Child Nutrition Services, Tulsa Public Schools

8934 E Latimer St, Tulsa Ok, 74115

918-833-8690 or 918-833-8673

Email: frmeals@tulsaschools.org, or cns@tulsaschools.org

2012 –2013

SCHOOL MEALS!

Children need healthy meals to learn. Tulsa Public Schools offers healthy meals every school day. Please review the information below along with helpful information in the bottom boxes. Contact us at the Child Nutrition Services for any question(s) you may have.

Q & A FREQUENTLY ASKED QUESTIONS

•Q. Do I need to fill out an application for each child?

•A. No. Complete either this application or visit our website (see bottom of page) for our online application to apply for free or reduced-price meals. 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 cafeteria manager.**

•Q. Who can get free meals?

•A. All children in households receiving benefits from Supplemental Nutritional Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distributions Program on Indian Reservations (FDPIR) can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income-Eligibility Guidelines.

•Q. Who should I include as members of my household?

•A. 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 prorated share of expenses), do not include them.

•Q. My child's application was approved last year. Do I need to fill out another one?

•A. 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.

•Q. Can Foster children get free meals?

•A. Yes. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

•Q. What if I disagree with the school's decision about my application?

•A. You should talk to school officials. You also may ask for a hearing by calling or writing to: Family Applications, 8934 E. Latimer St., Tulsa, OK 74115
918-833-8673.

•Q. Can homeless, runaway, and migrant children get free meals?

•A. Yes. Children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please call the Homeless Liaison at 918-746-6477.

•Q. I get Women, Infants, and Children (WIC). Can my children get free meals?

•A. Children in households participating in WIC - *MAY* be eligible for free or reduced-price meals. Please fill out an application.

•Q. May I apply if someone in my household is not a United States citizen?

•A. Yes, you or your children do not have to be a United States citizen to qualify for free or reduced-price meals.

•Q. We are in the military, do we include our housing allowance as income?

•A. If your housing is part of the Military Privatized Housing Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

•Q. Should I fill out an application if I receive a letter this school year saying my children are approved for free or reduced price meals?

•A. Please read the letter you received carefully and follow the instructions. Call us at numbers listed above if you have questions.

•Q. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?

•A. No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it was not received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

•Q. My family needs more help. Are there other programs we might apply for?

•A. To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 405-521-3076.

•Q. Who can get reduced-priced meals?

•A. Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this application (back page).

•Q. What if my income is not always the same?

•A. List the amount that you normally receive. For example, if you normally make \$1,000 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.

If you have any other questions or need help, call: 918-833-8673

Si necesitas ayuda, por favor llame al teléfono: 918-833-8673

Si vous voudriez d'aide, contactez nous au numero: 918-833-8673

Meal Prices for 2012-2013			
Breakfast		Lunch	
Adult	\$1.60	Adult	\$3.00
Elementary	\$1.10	Elementary	\$1.95
Secondary	\$1.10	Secondary	\$2.45
Reduced	\$0.30	Reduced	\$0.40

ONLINE APPLICATION: www.tulsaschools.org/meal_applications

**INSTRUCCIONES (INSTRUCCIONES):
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU**

If you are applying for a FOSTER CHILD, follow these instructions:
If **ALL** children in the household are foster children:
Part 1: List all foster children, the name of school for each child, each child's grade, and each child's birth date. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: **Sign** form. The last four digits of the Social Security Number is not necessary.
Part 5: Answer this question if you choose to. (back page)
Part 6: Answer this question if you choose to. (back page)
If some of the children in the household are foster children:
Part 1: List all household members, the name of the school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the **No Income** box. Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: Follow the instructions to report total household income from this month or last month.
Part 4: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
Part 5: Answer this question if you choose to. (back page)
Part 6: Answer this question if you choose to. (back page)
Part 7: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call 918-746-6477. If not, skip this part.

If your household receives benefits from SNAP, TANF or FDPIR, follow these instructions:
Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date.
Part 2: List the name and case number for any household member (including adults) receiving SNAP, TANF, or FDPIR benefits.
Part 3: Skip this part.
Part 4: **Sign** the form. The last four digits of a social security number is not necessary.
Part 5: Answer this question if you choose to. (back page)
Part 6: Answer this question if you choose to. (back page)
Part 7: Skip this part.

If no one in your household gets SNAP, TANF, OR FDPIR benefits, and if any child in your household is homeless, a migrant, or runaway, follow these instructions:
Part 1: List all household members, the name of school for each child, each child's grade, and each child's birth date.
Part 2: Skip this part.
Part 3: Complete only if a child in your household is not eligible under part 7. See instructions for All Other Households.
Part 4: Sign the form. The last four digits of a social security number are NOT necessary if you did not need to fill in Part 3.
Part 5: Answer this question if you choose. (back page)
Part 6: Answer this question if you choose. (back page)
Part 7: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call: 918-746-6477.

All other households, including WIC households, follow these instructions:
Part 1: List all households members, the name of school for each child, each child's grade, and each child's birth date. For any person, including children, with no income, you must check the **No Income** box..
Part 2: If the household does not have a case number, skip this part.
Part 3: Follow these instructions to report total household income from this month or last month.
Column 1-Name: List all household members with income.
Column 2-Gross income and how often it was received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned BEFORE taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under **Other Income**, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, federal education benefits, and foster payments received by family from the placing agency. For **ONLY** the self-employed, under **Earnings from Work**, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
Part 4: Adult household member must **sign** the form and list his or her last four of their Social Security number, or mark the box if he/she does not have one.
Part 5: Answer this question if you choose to. (back page)
Part 6: Answer this question if you choose to. (back page)
Part 7: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call: 918-746-6477.

Si estas instrucciones si hace la solicitud por parte de un niño que esté bajo servicios sociales (FOSTER CHILD):
Si **TODOS** los niños en el hogar son Foster Child:
Parte 1: Anote el nombre de todos los niños, la fecha de nacimiento, la escuela, y su grado escolar. Chequea la cajita que indica que es un *foster child*.
Parte 2: Omite esta sección.
Parte 3: Omite esta sección.
Parte 4: **Firme** la forma. No es necesario los últimos cuatro números del seguro social.
Parte 5: Opcional (pagina detrás)
Parte 6: Opcional (pagina detrás)
Si ALGUNOS de los niños en el hogar son Foster Child:
Parte 1: Anote todos los miembros en el hogar, la fecha de nacimiento del estudiante, la escuela, y su grado escolar. Para cualquier miembro del hogar incluyendo cualquier niño, que no tenga ingreso, tienes que marcar la cajita .. *no hay ingresos*. Marque la cajita si es un *Foster Child*.
Parte 2: Si el hogar no tiene numero de caso, omite ésta parte.
Parte 3: Si las instrucciones para reporter ingresos totales del mes presente ó del mes anterior.
Parte 4: Un adulto del hogar tienes que firmar la forma al igual poner los últimos 4 dígitos de su numero seguro social ó marque la cajita que dice .. *no tiene un Numero de Seguro Social*.
Parte 5: Responda a ésta pregunta si deseas. (pagina detrás)
Parte 6: Responda a ésta pregunta si deseas. (pagina detrás)
Parte 7: Si cualquier niño que está aplicando estás sin hogar, migrante, ó escapado, marque la cajita apropiada y llame al: 918-746-6477. Si no, omite esta sección.

Si su unidad familiar recibe SNAP ó TANF ó FDPIR, siga estas instrucciones:
Parte 1: Lista **todos** los miembros del hogar, el nombre escolar de cada niño, el grado y fecha de nacimiento de cada niño.
Parte 2: Lista el nombre y número de caso de la persona que estás recibiendo beneficios.
Parte 3: Omite ésta sección.
Parte 4: **Firme** la forma. No es necesario los últimos 4 números de seguro social.
Parte 5: Opcional (pagina detrás)
Parte 6: Opcional (pagina detrás)
Parte 7: Omite ésta sección.

Si nadie en su hogar recibe beneficios de SNAP, TANF, ó FDPIR, y si cualquier niño en su hogar está sin hogar, migrante, ó escapado, siga éstas instrucciones:
Parte 1: Lista todos los miembros del hogar, el nombre de la escuela de cada niño, el grado y fecha de nacimiento.
Parte 2: Omite ésta sección.
Parte 3: Completa solamente si el niño(s) en su hogar no es elegible bajo la Parte 7. Vea las instrucciones que dice *Cualquier otra unidad familiar*.
Parte 4: **Firme** la forma. Los últimos cuatro dígitos de un numero de seguro social no es necesario si no llenaste la Parte 3.
Parte 5: Opcional (pagina detrás)
Parte 6: Opcional (pagina detrás)
Parte 7: Si cualquier niño con cual estás aplicando está sin hogar, migrante, ó escapado, marque la cajita apropiada y llame al: 918-746-6477.

Cualquier otra unidad familiar (se incluyen las del programa WIC), siga éstas instrucciones:
Parte 1: Lista todos los miembros del hogar, el nombre escolar de cada niño, el grado y fecha de nacimiento de cada niño. Para cualquier persona, incluyendo los niños, sin ingresos, tienes que marcar la cajita de dice *no hay ingresos*.
Parte 2: Si nadie en el hogar tiene un numero de caso de beneficios, omite ésta parte.
Parte 3: Si estas instrucciones para informar sobre todos ingresos de la unidad familiar de éste mes ó del mes pasado.
Columna 1-Nombre: Anote todos los miembros del hogar que reciben ingresos.
Columna 2-Ingresos brutos y la frecuencia que lo recibes: Para cada miembro del hogar, anote cada tipo de ingreso que recibistes por el mes. Tienes que anotar la frecuencia de sus ingresos al mes, semanal, cada otra semana, dos veces al mes, ó mensual. Los ingresos tiene que ser los **ingresos brutos**, no los ingresos neto. Los ingresos brutos son los ingresos ANTES de impuestos y otras deducciones. Para otros ingresos, marque la cantidad cada persona recibes para welfare, manutención de los hijos, pensión alimenticia, pensiones, ingreso de retiro, seguro social, ingreso de seguridad suplementaria (SSI), beneficios de veteranos (VA), y beneficios de incapacidad. Bajo la sección *otros ingresos*, anote cualquier remuneración del trabajo, desempleo ó beneficios de huelga, contribuciones regulares de personas que no viven en el hogar, ó cualquier otros ingresos. No incluya ingresos de SNAP, TANF, FDPIR, WIC, beneficios federales de educación, y ingresos recibidos de pagareses de *foster* de la agencia. Para aquellos trabajadores independientes solamente: bajo la sección ingresos del *trabajo antes de las deducciones*, anote los ingresos despues de sus gastos. Esto es para su negocio, hacienda, ó propiedad de renta. Si estás bajo la *Military Privatized Housing Initiative* ó recibes pago de combate, no incluya estos gastos como ingreso.
Parte 4: Un adulto del hogar tienes que firmar la forma al igual poner los últimos 4 dígitos de su numero seguro social ó marque la cajita que dice.. *no tiene un Numero de Seguro Social*.
Parte 5: Opcional (pagina detrás)
Parte 6: Opcional (pagina detrás)
Parte 7: Si cualquier niño que está aplicando estás sin hogar, migrante, ó escapado, marque la cajita apropiada y llame al: 918-746-6477.

PART 5 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: Hispanic or Latino Not Hispanic or Latino
Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaskan Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 6 - OTHER BENEFITS: HEALTH INSURANCE –You do not have to complete this part to get free or reduced-price school meals.

Yes, I want health insurance for my children. School officials may give information from my Free and Reduced-Price School Meals Application to Medicaid or Sooner Care Benefits officials so that they can send me information about free or low-cost health insurance for my children. I understand that I will be releasing information that will show that I applied for free or reduced-price school meals for my children. I give up my rights to confidentiality for this purpose only. *(Sí, quiero recibir seguro médico por parte de mi hijos. Permito que cualquier oficial de la Escuela entregue la información de mi solicitud para las comidas gratis ó a precio reducido al departamento de Medicaid ó a los oficiales del programa Sooner Care Benefits para que me envíe más información sobre este seguro gratis ó a precio reducido. Entiendo que, por este proceso, facilitaré información que indica que solicito para las comidas gratis ó a precio reducido por parte de mis niños. Cedo mis derechos de privacidad solo por este propósito.)*

No, I am not interested in health insurance for my child. *(No, no tengo interés en este seguro médico por parte de mis hijos.)*

I certify that I am the parent/guardian of the children for whom application is being made. *(Yo atestigo que soy el padre ó madre /guardian de los niños de quien estoy aplicando.)*
 I understand that I will be releasing information that will show that I applied for free or reduced-priced school meals for my children. I give up my rights to confidentiality for this purpose only. *(Yo entiendo de la liberación de ésta información va ver que apliqué para comidas gratuitas ó precio-reducido en la escuela para mis niños. Yo rindo mis derechos de confidencialidad para este propósito.)*

Sign here (Firme aquí) _____ Date (Fecha): _____

PART 7 - HOMELESS, MIGRANT, OR RUNAWAY

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Tulsa Public Schools, homeless liaison, migrant coordinator at 918-746-6477.

Homeless Migrant Runaway

PRIVACY ACT 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, we cannot approve your children for free or reduced price meals. You must include the last four digits of 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 the Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number for your children 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 children 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.

REAPPLICATION: You may apply for benefits at any time during the school year. If you are not eligible now; but during the school year, you have a decrease in household income, an increase in household size, become unemployed, get SNAP or TANF or FDPIR benefits for your children, an application can be filled out at that time.

NONDISCRIMINATION: *This explains what to do if you believe you have been treated unfairly.* In accordance with federal law and United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, D.C. 20250-9410, or call (866) 632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the school's decision on your application or the result of the verification process, you may wish to discuss it with school officials. You also have a right to a fair hearing. To request this, contact the following official: Elsa Hallford, 8934 E Latimer St, Phone: 918-833-8683. Mailing address: P.O. Box 470208, Tulsa, Oklahoma 74147-0208.

CONFIDENTIALITY: School officials use the information on the application only to decide if your children should receive free or reduced-price meals. Officials connected with Title I, the National Assessment of Educational Progress, the Magnet School Assistance Program, and Student Assessment may be informed whether your child is eligible for free or reduced-price school meals. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits. (See Part 7 on the applications.) Eligibility may be subject to release to other federal, state, and local education, health, or other means tested programs.

If you have any questions or need help in completing the application form, please contact us. You will be notified of the approval or denial of this application. **Please answer all questions on the application. Incomplete applications cannot be approved.**

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits of this chart.

Federal Eligibility Income Chart
For School Year 2012-2013

Household Size	Yearly	Monthly	Weekly
1	20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
Each additional family member:	7,326	611	141

Earnings From Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income