

**Marble Charter School**  
**Free and Reduced Price School Meals 2018-2019 – Information Letter to Households**

Dear Parent/Guardian:

Children need healthy meals to learn. Marble Charter School offers healthy lunches every school day. **Your children may qualify for free or reduced price school meals.** Reduced price lunch is \$1.50 per day.

Below are some common questions and answers to help you with the application process.

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

- a. All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance for Needy Family (TANF/Colorado Works – Basic Cash Assistance or State Diversion), are eligible for free meals.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Foster children may be added as a household member of the foster family if the foster family chooses to apply. Including foster children as household members may help other children qualify for benefits. If the foster family is not eligible, it does not prevent a foster child from receiving benefits.
- c. Children who qualify for their districts Head Start program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. 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 the following chart: **INCOME ELIGIBILITY GUIDELINES**

[Effective from July 1, 2018 to June 30, 2019]

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free Meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
	Annual										
<b>48 Contiguous States, District of Columbia, Guam, and Territories</b>											
1 .....	12,140	22,459	1,872	936	864	432	15,782	1,316	658	607	304
2 .....	16,460	30,451	2,538	1,269	1,172	586	21,398	1,784	892	823	412
3 .....	20,780	38,443	3,204	1,602	1,479	740	27,014	2,252	1,126	1,039	520
4 .....	25,100	46,435	3,870	1,935	1,786	893	32,630	2,720	1,360	1,255	628
5 .....	29,420	54,427	4,536	2,268	2,094	1,047	38,246	3,188	1,594	1,471	736
6 .....	33,740	62,419	5,202	2,601	2,401	1,201	43,862	3,656	1,828	1,687	844
7 .....	38,060	70,411	5,868	2,934	2,709	1,355	49,478	4,124	2,062	1,903	952
8 .....	42,380	78,403	6,534	3,267	3,016	1,508	55,094	4,592	2,296	2,119	1,060
For each add'l family member, add .....	4,320	7,992	666	333	308	154	5,616	468	234	216	108

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 already been notified that your children will receive free meals, please call or e-mail Amy Rusby ; [arusby@gunnisonschools.net](mailto:arusby@gunnisonschools.net)

3. I RECEIVE WIC. CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed free and reduced price school meal application.
4. WILL THE INFORMATION I GIVE BE CHECKED? You may be selected to provide written proof of the household income you report on the application.
5. 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.
6. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials.
7. 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.
8. 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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
9. 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. The last four digits of the Social Security Number of an adult household member (or an indication of "none") is required to process a complete income application.
10. 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.
11. 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.
12. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office. Colorado PEAK is an online service to screen and apply for medical, food and cash assistance programs. It can be accessed at <http://coloradopeak.force.com/>.

If you have other questions or need help, contact Amy Rusby at [arusby@gunnisonschools.net](mailto:arusby@gunnisonschools.net)

**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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## Family Economic Data Survey Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDPIR **STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant. **STEP 2:** Skip. **STEP 3:** Skip.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying based of income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade. Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

**STEP 2:** Skip this part.

**STEP 3:**

A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." 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. Refer to "Sources of Income for Students at the bottom of this page.

B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report Gross Income (total income before taxes and deductions) for each Household Member:**

- *Earnings from work:* example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.
- *Income from Public Assistance/Child Support/Alimony:* See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from **any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony.** For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
- *Pensions/Retirement/All Other Income:* See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

**Report total household members. The total must equal all names listed on the survey.**

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you **do not want your information shared** with Medicaid/SCHIP and/or school/district programs, you must complete this step.

**Optional:** Complete the Children's Racial and Ethnic Survey on the back of the survey.