



Dear Parent/Guardian:

Below you will find information for our district schools-BFA, Fairfield and SATEC information on pages 3-10. SACS information can be found on pages 11-13.

Students need healthy meals to learn. **Maple Run Unified School District** offers healthy meals every school day. **In School Year 2022-2023, all students will receive free breakfast and lunch at school.** The State of Vermont has provided money to do this for one year through the Universal School Meals Act. **We need your help to keep providing free meals to all students in future years.** Please fill out this application for free and reduced price school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare.

If you submit this form by August 19, 2022, you may also qualify for a Summer 2022 Pandemic-EBT (P-EBT) benefit. This is a one-time benefit of \$391 per child to help pay for food at home. If your student was enrolled in school in June 2022, you may get this benefit if this form shows that you qualify.

This packet includes an application for free and reduced price meals and instructions. It also includes common questions and answers to help you. You may also fill out the form online at <https://family.titank12.com/>

The information you provide is confidential. We follow strict federal rules to keep your information private.

USDA Nondiscrimination Statement

In 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 origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation 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, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a 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/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Frequently Asked Questions

1. **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:
 - Bellows Free Academy-Teri Brunelle, BFA, 71 South Main St. St. Albans, VT 05478**
 - Fairfield-Judy Magnan, FCS 57 Park St. Fairfield, VT 05455**
 - St. Albans Town Educational Center-Tammy Deso, SATEC 169 South Main St., St. Albans, VT 05478**

2. **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
 - Bellows Free Academy-Teri Brunelle, BFA, 71 South Main St. St. Albans, VT 05478 or (802)527-6404 or tbrunelle@maplerun.org**
 - Fairfield -Judy Magnan, FCS 57 Park St. Fairfield, VT 05455 or (802) 752-2890 or jmagnan@maplerun.org**
 - St. Albans Town Educational Center-Tammy Deso, SATEC 169 South Main St., St. Albans, VT 05478 or (802)752-2700 or tdeso@maplerun.org**

3. **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.

4. **MAY I SUBMIT AN APPLICATION 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.

5. **WHO QUALIFIES FOR FREE OR REDUCED PRICE MEALS?** This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:
 - a. All children in households receiving benefits from **3SquaresVT (SNAP) or Reach Up (TANF)**.
 - b. **Foster children that are under the legal responsibility of a foster care agency or court.**
 - c. **Children participating in their school's Head Start program.**
 - d. Children who meet the definition of **homeless, runaway, or migrant**.

Children may qualify as "eligible" for 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 this chart.

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2022-2023					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659

FEDERAL INCOME ELIGIBILITY GUIDELINES For School Year 2022-2023

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
For each additional household member, add	8,732	728	364	336	168

6. 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 haven't been told your children will get free meals, please call or e-mail **Alexis Hoyt, 802-370-3946 or ahoyt@maplerun.org, Homeless Liaison or Kelly Dolan, 802-651-8343 ext 504 Migrant Coordinator.**
7. I GET WIC. ARE MY CHILDREN ELIGIBLE FOR FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals but a meal application is needed. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? We may contact you to ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY AGAIN 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. If your income drops during the school year, please submit a new application. You do not need to submit a new application if your income increases.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to your school officials. You also may ask for a hearing by calling or writing to:
Bellows Free Academy-Stephanie Gagnon, BFA, 71 South Main St. St. Albans, VT 05478 or (802)527-6571
Fairfield--Kelsey Malboeuf, FCS 57 Park St. Fairfield, VT 05455 or (802) 827-6639 or kmalboeuf@maplerun.org
St. Albans Town Educational Center-Derek Madden, SATEC 169 South Main St., St. Albans, VT 05478 or (802)752-2704
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? 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 \$1,000 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, 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.
13. 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.

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 **Bellows Free Academy-Teri Brunelle, BFA, 71 South Main St. St. Albans, VT 05478 or (802)527-6404 or tbrunelle@maplerun.org**
Fairfield- Judy Magnan, FCS 57 Park St. Fairfield, VT 05455 or (802) 752-2890 or jmagnan@maplerun.org.
St. Albans Town Educational Center-Tammy Deso, SATEC 169 South Main St., St. Albans, VT 05478 or (802)752-2700 or tdeso@maplerun.org
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR? There are lots of programs to help provide food for your family!
- 3SquaresVT can help you buy food at grocery stores, farmers markets and online. 3SquaresVT benefits are deposited each month on an EBT card, which works like a debit card. To find out how to apply for 3SquaresVT or other assistance benefits, visit <https://dcf.vermont.gov/mybenefits> or call 1-800-479-6151. You can also text VFBSNAP to 85511.
 - If you are pregnant or a caregiver or parent with a child under five, WIC can help with healthy foods. Text VTWIC to 85511 or call 1-800-464-4343.
 - Call 2-1-1 to find out more about programs that can help. 2-1-1 can also help you if you need food right away. The 2-1-1 call center is available 24 hours a day/seven days a week.

Sincerely,

Maple Run Unified School District

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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:

- mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

This institution is an equal opportunity provider.

How to Apply for Free and Reduced Price School Meals

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 **Maple Run Unified School District**. The application must be filled out completely to certify your children for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact

Bellows Free Academy-Teri Brunelle (802)527-6404 or tbrunelle@maplerun.org

Fairfield-Judy Magnan(802) 752-2890 or jmagnan@maplerun.org

St. Albans Town Educational Center-Tammy Deso (802)752-2700 or tdeso@maplerun.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

Step 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Maple Run Unified School District** *regardless of age*.

A) *List each child's name.* For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box, stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) *List the school name and grade. Is the child a student?* Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend school.

C) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) *Are any children homeless, migrant, or runaway?* If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

Step 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: 3SquaresVT OR Reach-Up

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- 3SquaresVT [food stamps]
- Reach-Up

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.
- Leave STEP 2 blank.

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- Circle 'YES' and provide a case number for 3SquaresVT or Reach-Up. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: **the Benefits Service Center at (800) 479-6151**. You must provide a case number on your application if you circled "YES".
- Skip to STEP 4.

Step 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A) Report all income earned by children. Refer to the chart titled “Sources of Income for Children” in these instructions and report the combined gross income for ALL children listed in Step 1 in your household in the box marked “Total Child 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.

How to Apply for Free and Reduced Price School Meals (cont’d)

What is 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. **Infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns are not included.*

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> • Earnings from work 	<ul style="list-style-type: none"> • A child has a job where they earn a salary or wages.
<ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ◦ Disability Payments ◦ Survivor’s Benefits 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Income from persons <i>outside</i> the household 	<ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none"> • Income from any other source 	<ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

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.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.

- B) List Adult Household member’s name. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

- C) Report earnings from work. Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) *Report income from Public Assistance/Child Support/Alimony.* Refer to the chart titled “Sources of Income for Adults” in these instructions and report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as “other” income in the next part.

2022 - 2023 Application for Free and Reduced Price School Meals - VT Agency of Education

App #

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and Children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, or Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach Up? **IF NO > Complete STEP 3. IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)**

Case Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2 and provided a Case Number)

A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if applicable. See back for more information.

B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total for source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name Adult Household Members (First & Last)	Earnings from Work		Public Assistance/ Child Support/ Alimony		Pensions/Retirement/ All Other Income		Child Income	
	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly	Weekly	2x Monthly
	\$				\$		\$	
	\$				\$		\$	
	\$				\$		\$	
	\$				\$		\$	

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wager Earner **Check if no SSN**

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form Printed name of adult completing the form Today's date Cell Phone Number

Street Address (if available) Apt # City State Zip Email (optional)

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

Do Not Fill Out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income Frequency Household Size **Categorical Eligibility** Eligibility Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date Verifying Official's Signature Date

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

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) If you are in the U.S. Military: <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 - Worker's 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 benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Black or African American Asian White

Race (check one or more): American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander White

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.
1	25,142	2,096	1,048	967	484	
2	33,874	2,823	1,412	1,303	652	
3	42,606	3,551	1,776	1,639	820	
4	51,338	4,279	2,140	1,975	988	
5	60,070	5,006	2,503	2,311	1,156	
6	68,802	5,734	2,867	2,647	1,324	
7	77,534	6,462	3,231	2,983	1,492	
8	86,266	7,189	3,595	3,318	1,659	
For each additional household member, add	8,732	728	364	336	168	

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 meals. 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (35squaresVT), Temporary Assistance for Needy Families (Reach Up) 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 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.

In 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 origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation 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, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complaint form should be completed and submitted to the USDA's Civil Rights (ASCR) at <https://www.usda.gov/sites/default/files/documents/USDA-ASCR%20Complaint-Form-0518-0002-508-11-28-1717ax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

St. Albans City School
29 Bellows Street
St. Albans, Vermont 05478
802-527-0565

Dear Parent/Guardian:

Our school is participating the Pre-Kindergarten education program, the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under CEP and Provision 2, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: Jennifer Seymour
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at school.
3. 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.
4. 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.
5. 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.
6. 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 his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 802-527-0565 x 3736

Sincerely,

Jennifer Seymour
St. Albans City School
Free and Reduced Lunch Application Coordinator

2022 – 2023 Household Income Form

Vermont Agency of Education

Your school is participating in a Pre-Kindergarten education program, or may be participating in the Community Eligibility Provision (CEP) or Provision 2, where *all* students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child/children in a PreK program, CEP or Provision 2 school, please complete the household income form. Return form to: St Albans City School, Jennifer Seymour, 29 Bellows St., St Albans, VT 05478

1. In Section 1, check the box that shows the number of people in your household. Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
2. In Section 2, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.
3. In Section 3, check the appropriate box if your household receives benefits from one of these programs.

1. Total No. of people in household	2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above before taxes.)</i>		
<input type="checkbox"/> 1	<input type="checkbox"/> At or below - \$17,677	<input type="checkbox"/> Above \$17,677 & at or below \$25,142	<input type="checkbox"/> Above \$25,142
<input type="checkbox"/> 2	<input type="checkbox"/> At or below - \$23,803	<input type="checkbox"/> Above \$23,803 & at or below \$33,874	<input type="checkbox"/> Above \$33,874
<input type="checkbox"/> 3	<input type="checkbox"/> At or below - \$29,939	<input type="checkbox"/> Above \$29,939 & at or below \$42,606	<input type="checkbox"/> Above \$42,606
<input type="checkbox"/> 4	<input type="checkbox"/> At or below - \$36,075	<input type="checkbox"/> Above \$36,075 & at or below \$51,338	<input type="checkbox"/> Above \$51,338
<input type="checkbox"/> 5	<input type="checkbox"/> At or below - \$42,211	<input type="checkbox"/> Above \$42,211 & at or below \$60,070	<input type="checkbox"/> Above \$60,070
<input type="checkbox"/> 6	<input type="checkbox"/> At or below - \$48,347	<input type="checkbox"/> Above \$48,347 & at or below \$68,802	<input type="checkbox"/> Above \$68,802
<input type="checkbox"/> 7	<input type="checkbox"/> At or below - \$54,483	<input type="checkbox"/> Above \$54,483 & at or below \$77,534	<input type="checkbox"/> Above \$77,534
<input type="checkbox"/> 8	<input type="checkbox"/> At or below - \$60,619	<input type="checkbox"/> Above \$60,619 & at or below \$86,266	<input type="checkbox"/> Above \$86,266
<input type="checkbox"/> 9	<input type="checkbox"/> At or below - \$66,755	<input type="checkbox"/> Above \$66,755 & at or below \$94,998	<input type="checkbox"/> Above \$94,998
<input type="checkbox"/> 10	<input type="checkbox"/> At or below - \$72,891	<input type="checkbox"/> Above \$72,891 & at or below \$103,730	<input type="checkbox"/> Above \$103,730
If household size is more than 10, list the household size and total annual income below.			
<input type="checkbox"/> Size: _____	Income: _____		
3. Indicate if your household receives assistance from one of these programs:		<input type="checkbox"/> 3SquaresVT	<input type="checkbox"/> Reach Up

4. List all students in the household. If any child you are reporting is in universal PreK; a foster child; homeless, migrant (Migrant Education Program participant), runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Public or Private Universal PreK	Foster	Homeless, Migrant, Runaway	Head Start

Please turn over to complete



Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature

Today's Date

Street Address (if available), Apt #

City

State

Zip Code

()

Daytime Phone
(Optional)

Email
(Optional)

CHECKLIST

- Have you included all your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Meets the free guidelines _____
 Meets the reduced guidelines _____
 Income over the guidelines _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.