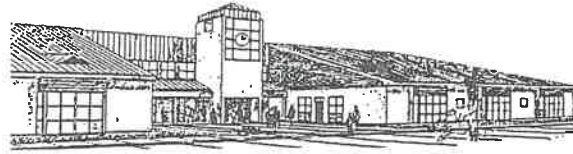


St. Albans Town Educational Center

Angela Stebbins - Principal
Jason Therrien - Assistant Principal
802.527.7191



169 South Main St.
St. Albans, VT 05478

Dear Parent/Guardian:

Students need healthy meals to learn. **St. Albans Town Educational Center** offers healthy meals every school day. **In School Year 2023-2024, all students will receive free breakfast and lunch at school.** Even though there is no charge for breakfast and lunch, we are asking you to 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. It may also qualify your family for low-cost internet through the Affordable Connectivity Program.

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.

If you have other questions or need help, call **802-752-2700**.

Sincerely,

Tammy Deso

Meal Application Coordinator

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/ad-3027.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: **Tammy Deso, SATEC 169 South Main St. St. Albans, VT 05478 or tdeso@maplerun.org.**
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 **Tammy Deso, SATEC 169 South Main St. St. Albans, VT 05478 or tdeso@maplerun.org or 802-752-2700.** immediately.
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:
 - All children in households receiving benefits from **3SquaresVT (SNAP) or Reach Up (TANF)**.
 - **Foster children** that are under the legal responsibility of a foster care agency or court.
 - Children participating in their school's **Head Start** program.
 - 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 2023-2024

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional household member, add	9,509	793	397	366	183

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 **Danielle Sussmann Turo 802-656-7605** or Danielle.Turo@uvm.edu **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: **Derek Madden, SATEC 169 South Main St., St. Albans VT 05478, 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 **Tammy Deso, SATEC 169 South Main St. St. Albans, VT 05478** or tdeso@maplerun.org or **802-752-2700** to receive a second application.
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.

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 **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 **St. Albans Town Educational Center/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. ***Do not include infrequent earnings received on an irregular basis, such as payment for occasional baby-sitting or mowing lawns.**

Sources of Income for Children	
Sources of Child Income	Example(s)
• Earnings from work	• A child has a 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 persons <i>outside</i> the household	• A friend or extended family member <i>regularly</i> gives a child spending money.
• Income from any other source	• 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.

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

E) *Report income from Pensions/Retirement/All other income.* Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) *Report total household size.* Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of **your** household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced price meals.

G) *Provide the last four digits of your Social Security Number.* The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SS#."

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 bonusesNet income from self-employment (farm or business)Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorker's compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeteran's benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disabilityIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental income<i>Regular</i> cash payments from outside household

Step 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) *Provide your contact information.* Write your current address in the fields provided if this information is available. **If you have no permanent address, this does not make your children ineligible for free or reduced price school meals.** Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) *Sign and print your name.* Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) *Write today's date.* In the space provided, write today's date in the box.

Apply Online: <https://family.titank12.com/>

RETURN TO: St. Albans Town Educational Center

ATTN: Tammy Deso

ADDRESS: 169 South Main St. St. Albans, VT 05478

ADDRESS: 169 South Main St. St. Albans, VT 05478

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits household.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	School Name (If Applicable)	Foster Child	Migrant	Runaway Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

☐ NO ➔ Go to STEP 3. ☐ YES ➔ Write case number here and proceed to STEP 4

Case Number (Not EBT Card Number):

S List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) Attach another sheet of paper if you need space for more names. List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) 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)

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?				How often received?						How often received?					
		Per Week	Every 2 Weeks	2x Month	Per Month	Public Assistance, Child Support, Alimony	Per Year		Per Week	Every 2 Weeks	2x Month	Per Month	All Other Income*	Per Week	Every 2 Weeks	2x Month	Per Month
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (if Applicable)

	Check box if no Social Security Number
_____	<input type="checkbox"/>

*All Other Income Including Pensions, Retirement, Social Security, SSI, or VA Benefits

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

"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 (confirm) 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."

Print Name of Adult Signing the Form	Signature of Adult		Today's Date	
Mailing Address (if available)	City	State	Zip	Phone (optional)
				Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Earnings from Work

- Salary, wages, cash bonuses, tips, commissions
- Net income from self-employment (farm or business)

If you are in the U.S. Military:

- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

Public Assistance/Alimony/Child Support

- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Alimony payments
- Child support payments
- Veterans' benefits
- Strike benefits

Pensions/Retirement/All other sources of income

- Social Security/Disability (e.g. railroad retirement and black lung benefits)
- Private Pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Examples of Income for Children

- A child has a regular full or part-time job where they earn a salary or wages.
- 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 friend or extended family member regularly gives a child spending money.
- A child receives regular income from a private pension fund, annuity, or trust.

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974. 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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional household member, add	9,509	793	397	366	183

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.

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

For information on 3SquaresVT to help with food costs call 1-800-479-6151.

Other Information: For information on free or low-cost health insurance contact Green Mount Care at 1-800-8427 or www.GreenMountainCare.org.

The contact information below is solely to file a complaint of discrimination: 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 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/ad-3027.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 (3) Email: program@nhtake@usda.gov

This institution is an equal opportunity provider.