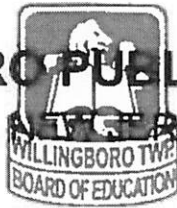


# WILLINGBORO PUBLIC SCHOOLS

WILLINGBORO, NEW JERSEY 08046-2847



DR. C. DAN BLACHFORD  
INTERIM SUPERINTENDENT OF SCHOOLS

COUNTRY CLUB ADMINISTRATION BUILDING  
440 BEVERLY-RANOCAS ROAD  
TELEPHONE: (609) 835-8600 Ext. 1013  
FAX: (609) 835-3880

August 2019

Greetings Willingboro Family and welcome to another great school year (SY),

Please accept this reminder that our nutritional partner for the 2019-2020 school year remains Aramark. They currently service many school districts and promise to continue adding both variety, enthusiasm to our Breakfast and Lunch program. Parents and guardians still have the opportunity to utilize MyPaymentsPlus, to provide you the convenience on online lunch account monitoring and management services. Use of this system will help speed up serving lines in the cafeteria, and eliminate the need to send checks to school if you choose to use MyPaymentsPlus to pay for student lunch accounts. There are two (2) program options:

**At no cost, MyPaymentsPlus allows any family to:**

- Create a free, secured account to manage all of your student's accounts
- Check your student's account balance 24/7 online or via 1-866-782-7818
- Monitor the items your student has been purchasing in the cafeteria
- Create settings to receive email notifications when the account reaches a low balance

**For a small program fee (4.75% of the transaction amount), MyPaymentsPlus allows any family to:**

- Make a prepayment into your student's meal account using a check, credit card, or debit card at www.MyPaymentsPlus.com or by calling 1-866-782-7818. Funds deposited through MyPaymentsPlus are usually available for student use within a matter of minutes
- Create settings to automatically replenish your student's account when it reaches a low balance

We encourage all families, even if you do not prepay for your student's lunch account, to at least create an account at **no cost** through www.MyPaymentsPlus.com to monitor their lunch time spending. To sign up, simply visit www.MyPaymentsPlus.com and click on "Register a Free Account." You will need your student's ID number to complete registration. If you don't know your child's student ID, please contact your school to obtain this information. Once you finish registration, you may "Sign-In" to begin managing your student's meal account instantly!

If you need further assistance with this online monitoring or payment service, please contact customer support by calling 877-237-0946. We hope this offers our families greater flexibility, and thank you for partnering with us in this online monitoring and payment service venture.

Yours in education,

A handwritten signature in black ink, appearing to read "C. Blachford".

Dr. C. Dan Blachford  
Interim Superintendent of Schools

# WILLINGBORO PUBLIC SCHOOLS

## WILLINGBORO, NEW JERSEY 08046-2847



**KELVIN L. SMITH, CPA, MBA**  
BUSINESS ADMINISTRATION/ BOARD SECRETARY

COUNTRY CLUB ADMINISTRATION BUILDING  
440 BEVERLY-RANGOCAS ROAD  
TELEPHONE: (609) 835-8600 EXT. 1019  
FAX: (609) 877-1408

Dear Parent/Guardian:

Children need healthy meals to learn. The **Willingboro School District** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$2.45	\$2.95	\$2.95	\$0.40	\$0.40	\$0.40
School Breakfast	\$1.45	\$1.70	\$1.70	\$0.30	\$0.30	\$0.30
After School Snack	\$0.00	N/A	N/A	\$0.00	N/A	N/A
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
N/A - Not Applicable						

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to [frapps.horizonsolana.com/wils04](http://frapps.horizonsolana.com/wils04).

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

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

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- 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 this chart.

<b>FEDERAL INCOME CHART</b> <b>For school Year 2019-2020</b>			
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
<b>For each additional person, add:</b>	<b>+8,177</b>	<b>+682</b>	<b>+158</b>

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 haven't been told your children will get free meals, please call or e-mail your school, homeless liaison or migrant coordinator.
3. **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 one of your children's schools.
4. **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 your school immediately.
5. **CAN I APPLY ONLINE?** If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
6. **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.
7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **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.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to:

Hearing Officer Name: Kelvin L. Smith Address: 440 Beverly Rancocas Blvd, Willingboro, NJ - 08046  
 Phone Number: (069)902-2909 Ext:

11. 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.
12. 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.
13. 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.
14. 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.
15. 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.
16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to <https://oneapp.dhs.state.nj.us/default.aspx>. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or [www.njfamilycare.org](http://www.njfamilycare.org) for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to [www.nj.gov/health/fhs/wic](http://www.nj.gov/health/fhs/wic).

If you have other questions or need help,  
call (609)902-2909 Ext:

**Sincerely,**

Signature:



---

Name: Kelvin L. Smith

Title: School Business Administrator

**Application #:**  
**2019-2020 Application for Free and Reduced Price School Meals**

Available online at: [frapps.horizonsolana.com/wils04](http://frapps.horizonsolana.com/wils04)

Complete one application per household. Please type or 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 [press spacebar to advance]	School Name (Abbr.)	Grade	Student attends this school district? Yes No	Foster Child	Migrant Worker, Homeless, Runaway
					<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"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? YES  NO

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$

How often?  
 Weekly  Bi-Weekly  2x Month  Monthly

**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 gross income (before taxes) 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) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

**STEP 4** Contact information and adult signature. Mail Completed Form To: **Willingboro Public Schools, Country Club Administration Building Attn: Lunch Benefits 440 Beverly-Rancocas Road, Willingboro, NJ 08046**

"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."

Street Address (if available)  Apt #

City  State  Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date



# 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 the 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 your school.

**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 the school system, regardless of age.

**A) List each child's name.** Print each child's 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) Is the child a student in this school district?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the school district here. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**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. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

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

## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or NJ SNAP.
- Temporary Assistance for Needy Families (TANF) or NJ TANF/WorkFirst NJ.
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave STEP 2 blank and go to STEP 3.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county welfare agency: <http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/index.html>
- Go to STEP 4.

## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form 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.
  - 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

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

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 also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

**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.

#### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are 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.
  - Infants, Children and students already listed in STEP 1.

**B) List adult household members' names.** 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.** 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?** 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.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**E) Report income from pensions/retirement/all other income.** 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 affects your eligibility for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** An 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 SSN."

### 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) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Mail completed form: to your school district.**

**D) Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.



**SHARING INFORMATION WITH MEDICAID or  
NJ FAMILYCARE**

---

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

---

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.



August 8, 2019

Dear Willingboro Parents and Guardians,

Welcome to a new school year! Healthy for Life™ is our commitment to create healthier environments and communities, by providing not only healthy foods but comprehensive nutrition and wellness education. The Aramark Food Service staff is looking forward to serving your children nutritious, great-tasting menus that support their achievements in school and promote healthy lifestyles.

We offer a variety of meal choices with one goal in mind: to provide outstanding service and high quality "kid-friendly" meals that meet or exceed the latest federal and state requirements. Aramark's menus are designed to ensure that students receive a balanced meal, consisting of foods from all major food groups in the right proportions to meet calorie and other nutrient needs.

The products and the cooking methods we use conserve food quality and nutrients, while limiting the addition of fats, salt and sugar and eliminate frying. So although you may see popular items like pizza and chicken nuggets on your menus, be assured that your child's school meal selections contain healthy ingredients and are lower in fat and salt than what you find in grocery stores or restaurants. We will also be offering some different foods that your children may not have tried before, so please encourage your child to taste these items. They just might become a new favorite!

- More than half of the breads and grain products served are whole grain-rich, ensuring adequate fiber and other essential nutrients.
- Added trans fats have been eliminated from all foods; and menus are planned to limit saturated fat and sodium to meet the new standards set by the United States Department of Agriculture (USDA) for school meals.
- Both the School Breakfast Program (SBP) and National School Lunch Program (NSLP) meal pattern and nutrition standards ensure that meals provide age-appropriate calorie levels; offer a wide variety of fruits and plenty of vegetables every day, with a focus on nutrient-dense dark green, red/orange and legume vegetable selections along with lean proteins.

We will continue to post signs on each service line to show students how to select a reimbursable meal, as well as to help them understand how their choices fit into the key food groups needed to ensure a balanced approach to healthy eating.

We are proud to serve your child and encourage you to support our ongoing efforts to improve student health and well-being by participating in our Food Service Program. For more information about our menus and programs, please visit [www.willingboroschools.org](http://www.willingboroschools.org) website; and to learn more about healthy school meals visit <http://www.fns.usda.gov>. Please feel free to call me at (609) 835-8900 ext. 4027 with any questions or comments.

Thank you,

Anthony C. Spadola, *Food Service Director*

WILLINGBORO PUBLIC SCHOOLS  
WILLINGBORO, NEW JERSEY 08046-2847



DR. C DAN BLACHFORD  
Interim Superintendent of Schools

COUNTRY CLUB ADMINISTRATION BUILDING  
440 BEVERLY-RANCOCCAS ROAD  
TELEPHONE (609) 835-6600 Ext. 1013  
FAX (609) 835-3880

August 2018

Subject: Food Service Policy Update #8550:

*- Unpaid Meal Charges/Outstanding Food Service-*

Dear Willingboro Family,

Please accept this important update regarding a change in District policy recently adopted (2/12/17) by the Willingboro Board of Education. In partnership with our current food service vendor Aramark, the following policy has been updated: Policy #8550 entitled: Unpaid Meal Charges/Outstanding Food Service has been approved and will be fully implemented on Monday, March 5, 2018. (See attached). An excerpt of the policy reads:

The Board of Education understands a student may forget to bring breakfast or lunch, as applicable, or money to purchase breakfast or lunch to school on a school day. When this happens, the food service program will provide a student a breakfast or lunch with an expectation payment will be made the next school day or shortly thereafter. However, there may be circumstances when payment is not made and a student's school breakfast or lunch bill is in arrears. The school district will manage a student's breakfast or lunch bill that is in arrears in accordance with the provisions of N.J.S.A. 18A:33-21 and this Policy.

In the event a student's school lunch or breakfast bill is in arrears in excess of \$10.00, the student will continue to receive lunch or breakfast and their account will be charged accordingly. The Principal or designee shall contact the student's parent to provide notice of the amount in arrears and shall provide the parent a period of ten school days to pay the full amount due. If the student's parent does not make full payment to the Principal or designee by the end of the ten school days, the Principal or designee shall again contact the student's parent to provide a second notice that their child's breakfast or lunch bill is in arrears. If payment in full is not made within one week from the date of the second notice, the student will be provided an alternate breakfast or lunch, as applicable, that will contain the essentials in balanced nutritional selections as prescribed by the Bureau of Child Nutrition Programs, New Jersey Department of Agriculture and the Food and Nutrition Services of the United State Department of Agriculture beginning the eighth calendar day from the date of the second notice. The alternate meal will be provided until the bill in arrears has been brought to a zero balance.

We of course encourage all families' in-need, to apply for Free and Reduced Lunch via our website link (left side of website midway down) or through the paper process here at the Country Club Administration Building. While the Free and Reduced Lunch process of course remains in effect, we believe this new alternate lunch policy will serve as a 'stop gap' and temporarily assist students and families who do not meet Free and Reduced Lunch qualifications.

Thank you

*Willingboro Public Schools – Where Excellence Is The Expectation*