

**FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE MEALS  
or THE SPECIAL MILK PROGRAM (SMP)**

Apply online at <https://www.schoolcafe.com>

Dear Parent/Guardian:

Children need healthy meals to learn. Great Valley School District offers healthy meals every school day Breakfast costs \$1.75 at the elementary level; \$2.00 at the Middle School; \$2.25 at the High School. Lunch costs \$2.85 at the elementary level; \$3.10 at the Middle School; \$3.35 at the High School. Your child(ren) may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch. Below are some common questions and answers to help you with the application process.



If you have received a **Notice of Direct Certification** for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

**1. Who can get free or reduced price meals?**

- All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) (cash assistance) are eligible for free meals.
- Foster children 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 the following chart.

| Income Eligibility Reduced-Price Guidelines—July 1, 2019–June 30, 2020 |          |         |                 |                 |        |
|--|----------|---------|-----------------|-----------------|--------|
| Family Size  | Annually | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1  | 23,107   | 1,926   | 963             | 889             | 445    |
| 2  | 31,284   | 2,607   | 1,304           | 1,204           | 602    |
| 3  | 39,461   | 3,289   | 1,645           | 1,518           | 759    |
| 4  | 47,638   | 3,970   | 1,985           | 1,833           | 917    |
| 5  | 55,815   | 4,652   | 2,326           | 2,147           | 1,074  |
| 6  | 63,992   | 5,333   | 2,667           | 2,462           | 1,231  |
| 7  | 72,169   | 6,015   | 3,008           | 2,776           | 1,388  |
| 8  | 80,346   | 6,696   | 3,348           | 3,091           | 1,546  |
| <b>For each additional family member add:</b>                          |          |         |                 |                 |        |
|  | 8,177    | 682     | 341             | 315             | 158    |

1. **How do I know if my child(ren) qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail Abby Linderman at 610-889-2100 or email [alinderman@gvsd.org](mailto:alinderman@gvsd.org).
2. **Do I need to fill out an application for each child?** No. Use one Household Application for Free and Reduced Price Meals for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.
3. **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 received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Diana Sorial, 47 Church Road, Malvern, PA 19355; call 610-889-2125, ext. 51979 or email [dsorial@gvsd.org](mailto:dsorial@gvsd.org) immediately.
4. **Can I apply online?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.schoolcafe.com> to begin or to learn more about the online application process. Contact Diana Sorial, 47 Church Road, Malvern, PA 19355; call 610-889-2125, ext. 51979 or email [dsorial@gvsd.org](mailto:dsorial@gvsd.org) if you have any questions about the online application.
5. **My child's application was approved last year. Do I need to fill out a new application?** Yes. Your child's application is only good for last school year and for the first 30 operating days of this school year, through October 10, 2019. You must complete a new application unless the school told you that your child is eligible for free or reduced price meals for the new school year. If you do not complete a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. **I get Women, Infants, and Children (WIC). Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application.
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **If I do not 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 or reduced price meals if the household income drops below the income limit.

9. **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: Charles E. Peterson Jr. at 47 Church Road, Malvern, PA 19355, 610-899-2100.
10. **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.
11. **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.
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, cash bonuses, allowances for off-base housing, food, and clothing, must be reported as income. Exclude combat pay, Family Subsistence Supplemental Allowance, and privatized housing allowances.
14. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, visit <http://www.compass.state.pa.us>, contact your local county assistance office, or call the Department of Human Services at **1-800-692-7462**.

If you have other questions or need help, call 610-889-2125, ext 51979.

Sincerely,



Nicole Melia  
Food Service Supervisor

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# HOW TO APPLY FOR FREE AND REDUCED PRICE MEALS or THE SPECIAL MILK PROGRAM

Please use these instructions to help you fill out the application for free or reduced price meals. You only need to submit one application per household, even if your children attend more than one school in **Great Valley School District**. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these step-by-step instructions beginning with **STEP 1!** 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 **Diana Sorial** at **610-889-2125, ext. 51979** or email [dsorial@gvvsd.org](mailto:dsorial@gvvsd.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 children live in your household. They do NOT have to be related to you to be a part of your household. 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.

**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, runaway, or Head Start.
- A) **List each child's name.** Print each child's name. Use one line of the application for each child. 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) **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, finish completing **STEP 1**, then proceed to **STEP 3**.
- C) **Are any children homeless, migrant, runaway, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding 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: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'NO' and proceed to **STEP 3** on these instructions and **STEP 3** on your application.
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:** Circle 'YES' and provide the **nine-digit case number**. You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact **Department of Human Services Chester County Assistance at 1-800-692-7462**. 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 (EVEN IF THEY DO NOT RECEIVE INCOME).

- A) **REPORT ALL INCOME EARNED OR RECEIVED BY CHILDREN.** For ALL children listed in **STEP 1**, report the combined gross income in the box "Child Income" and check how often the income is received.
- B) **LIST ALL HOUSEHOLD MEMBERS (including yourself)** 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** children listed in **STEP 1**.
  - **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.
- C) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** 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 reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
  - **What if I am self-employed?** Report income as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- D) **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number **MUST** be equal to the number of household members listed in **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.
- E) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her 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 adult household member is promising all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the Privacy Act Statement and Non-discrimination Statement at the bottom of these instructions.**

- A) **PRINT AND SIGN 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."
- B) **WRITE TODAY'S DATE.** In the space provided, write today's date in the box.
- C) **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 meals. Sharing a phone number, email address or both is optional, but helps us reach you quickly if we need to contact you.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom 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 meals.

### **Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your 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 (SNAP), Temporary Assistance for Needy Families (TANF) 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.

### **Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.**

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, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**2019-2020 Household Application for Free and Reduced Price Meals and the Special Milk Program**

Apply online at <https://www.schoolcafe.com>

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

**STEP 1 — All Children in the Household**

| Student ID | Last Name | First Name | MI | Date of Birth | School | Grade | Foster                   | Homeless                 | Migrant                  | Runaway                  | Head Start               |
|------------|-----------|------------|----|---------------|--------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|            |           |            |    |               |        |       | <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"/> |

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? **Circle one:** Yes / No

If you answered **NO** > Complete **STEP 3**. If you answered **YES** > Write a nine-digit case number, then skip to **STEP 4**.

Case Number:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**STEP 3 — All Household Member Income (even if they do not receive income)** (Skip this step if you answered 'Yes' in **STEP 2**)

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

**Gross income and how often it is received:**

W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly, A = Annually

Child Income

How Often?

A W E T M

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

A W E T M

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

| Adult Household Member Name<br>(First and Last) | Annual Income | Earnings from Work | How Often? |   |   |   |   | Public Assistance / Child Support / Alimony | How Often? |   |   |   |   | Pensions / Retirement / All Other Income | How Often? |   |   |   |   |
|---|---------------|--------------------|------------|---|---|---|---|---|------------|---|---|---|---|--|------------|---|---|---|---|
|   |               |                    | A          | W | E | T | M |   | A          | W | E | T | M |  | A          | W | E | T | M |
|   |               |                    | A          | W | E | T | M |   | A          | W | E | T | M |  | A          | W | E | T | M |
|   |               |                    | A          | W | E | T | M |   | A          | W | E | T | M |  | A          | W | E | T | M |
|   |               |                    | A          | W | E | T | M |   | A          | W | E | T | M |  | A          | W | E | T | M |
|   |               |                    | A          | W | E | T | M |   | A          | W | E | T | M |  | A          | W | E | T | M |

Total Household Size (Children and Adults)

|  |  |
|--|--|
|  |  |
|--|--|

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member or \*\*\* - \*\* -

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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.

Printed name of adult completing the form

|  |
|--|
|  |
|--|

Signature of adult completing the form

|   |
|---|
| X |
|---|

Today's Date

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| M | M | D | D | Y | Y |
|---|---|---|---|---|---|

Street Address (if available)

|  |
|--|
|  |
|--|

City

|  |
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|  |
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State

|   |   |
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| P | A |
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ZIP Code

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Home Phone Number

|  |
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Work Phone Number

|  |
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Email

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**OPTIONAL — Children's Racial and Ethnic Identities**

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- White

