

Jones County School Nutrition  
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Charles W. Gibson, Superintendent  
Ginger Bailey, Chairman  
Mark W. Andrews  
Ken Hamilton  
Dr. Nancy Greene Nash  
Alfred L. Pitts

Dear Parent, Guardian and Student:

Welcome back to the 2015 - 2016 school year. Enclosed is a new Family Free and Reduced Meal Application for the coming year. It is very important for your child's academic success to have a nutritious meal each day, while in our care and the learning environment. If you have never looked at or considered our free and reduced meal application, please take a few minutes to review the eligibility guidelines below for which your household may qualify. We strive to have "no kid hungry" during the school day so that your child is at his/her best during the school day.

A new application must be filled out every year. **Only one application will be used for students in your household.** In order for your application to be processed in a timely manner, it is very important that you write clearly. Be sure to follow instructions as you complete the application. Applications have a new look this year, and changes have been made for instructions. The adult filling out the application must include his/her signature. Any portion of the application, that is not filled out correctly, **will be sent back home.** Please return all applications to the lunchroom personnel or your child's teacher **during the first week of school.**

A **BREAKFAST** program is available in all schools. Prices are as follows:

\$ 1.00 per Day Full Paid  
\$ .30 per Day Reduced  
\$ 2.25 per Day Adults

**LUNCH** prices are as follows: \$1.50 per Day Full Paid Pre K, Dames Ferry Elementary, Gray Elementary, Mattie Wells Elementary, and Turner Woods Elementary

\$ .40 per Day Reduced All Schools

\$1.75 per day Full Paid Clifton Ridge Middle, Gray Station Middle, Maggie Califf Learning Complex, and Jones County High School.

\$3.25 per Day Adults

A student, at any school, may have no more than a total of five dollars (\$5) in charges for school meals. Any more than a total of \$5 in charges will result in the student receiving an alternative meal. Notices of money owed will be sent out weekly. Your cooperation in paying for your child's meals will be greatly appreciated if you receive a notice.

Parents, please know how important it is for your children to eat breakfast and lunch. Jones County School Nutrition offers meals that are USDA approved. The Jones County School Nutrition personnel will be looking forward to serving you and your children in the coming year. If you have any questions, please call 478- 986-1390.

Sincerely,



Roslyn Foster, Director  
School Nutrition Program

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**ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS SY 2015-2016**

HOUSEHOLD SIZE	INCOME GUIDELINES FOR FREE MEALS				INCOME GUIDELINES FOR REDUCED-PRICE MEALS					
	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY
1	295	589	638	1,276	15,301	419	838	908	1,815	21,775
2	399	797	863	1,726	20,709	567	1,134	1,228	2,456	29,471
3	503	1,005	1,089	2,177	26,117	715	1,430	1,549	3,098	37,167
4	607	1,213	1,314	2,628	31,525	863	1,726	1,870	3,739	44,863
5	711	1,421	1,539	3,078	36,933	1,011	2,022	2,190	4,380	52,559
6	815	1,629	1,765	3,529	42,341	1,159	2,318	2,511	5,022	60,255
7	919	1,837	1,990	3,980	47,749	1,307	2,614	2,832	5,663	67,951
8	1,023	2,045	2,215	4,430	53,157	1,455	2,910	3,152	6,304	75,647
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+ 104	+ 208	+226	+451	+5,408	+148	+296	+321	+642	+7,696

CONVERTING INCOME TO YEARLY: Weekly x 52      Every 2 weeks x 26      Twice a month x 24      Monthly x 12

**SNAP or TANF HOUSEHOLDS:**

1. Child(ren) names
2. SNAP or TANF case number of any household member
3. Signature of an adult household member

**INCOME HOUSEHOLDS:**

1. Child(ren) names
2. Names of ALL household members
3. The amount of income received by each household member, identified by source.
4. The frequency of how often the income was received.
5. Last 4 digits of Social Security Number (SSN) of adult who signs application.
6. Signature of an adult household member

Georgia Department of Education  
 State School Superintendent  
 July 2015

“USDA is an equal opportunity provider and employer.”

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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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 Jones County]. 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 **Jones County School Nutrition, 478-986-1390**

**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 **any Jones County School, 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) Is the child a student at any Jones County School?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend a **Jones County 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: SNAP, TANF, OR FDPIR?**

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

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

**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 SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact: Jones County Department of Family and Children Services]. 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.

**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.

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

**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.
- Mark how often each type of income is received using the check boxes to the right of each field.

**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.



**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"> <li>Salary, wages, cash bonuses</li> <li><b>Net</b> income from self-employment (farm or business)</li> <li>Strike benefits</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker’s compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li><i>Regular</i> cash payments from outside household</li> </ul>

**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.

**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.**

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

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

Child's First Name	MI	Child's Last Name	School Name Optional	Grade Option	Birthdate or ID # Optional	Student? Yes No	Homeless, Migrant, Child Runaway

Check all that apply

**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.

**STEP 2 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 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)**

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child Income: \$ \_\_\_\_\_

How often?	Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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 income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often?				Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income
	Weekly	Bi-Weekly	2x Month	Monthly		

Earnings from Work: \$ \_\_\_\_\_

How often? Weekly  Bi-Weekly  2x Month  Monthly

Public Assistance/Child Support/Alimony: \$ \_\_\_\_\_

How often? Weekly  Bi-Weekly  2x Month  Monthly

Pensions/Retirement/All Other Income: \$ \_\_\_\_\_

How often? Weekly  Bi-Weekly  2x Month  Monthly

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**

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 completing the form \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_

Today's date \_\_\_\_\_

**OPTIONAL**

**Children's Racial and Ethnic Identities**

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

**Ethnicity (check one):**

- Hispanic or Latino
- Not Hispanic or Latino

**Race (check one or more):**

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

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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**DO NOT FILL OUT THIS PART**

**THIS IS FOR SCHOOL USE ONLY**

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

Total Income: \$ \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_