

Child Nutrition Services, Tulsa Public Schools

8934 E Latimer St, Tulsa Ok, 74115

918-833-8690 or 918-833-8673

Email: cns@tulsaschools.org, Website: www.tulsaschools.org/depts/childnutrition



SCHOOL MEALS!

Children need healthy meals to learn. Tulsa Public Schools offers healthy meals every day. Meal prices are listed below along with helpful information. Please contact us at the Child Nutrition Services for any question.

Q & A FREQUENTLY ASKED QUESTIONS

•Q. Do I need to fill out an application for each child?

•A. No, complete the application to apply for free or reduced-price meals. 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 the cafeteria manager.**

•Q. Who can get free meals?

•A. Children in households getting (SNAP) Supplemental Nutrition Assistance Program (formerly called the Food Stamp Program), (TANF) Temporary Aid for Needy Families, (FDPIR) Food Distribution Program on Indian Reservation and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits of the Federal Income Guidelines.

•Q. Who should I include as members of my household?

•A. You must include all people living in your household, related or not (such as grandparents, other relatives, or friends.) You must include yourself and all children who live with you.

•Q. What income do I report?

•A. Your gross monthly income, as opposed to what your take-home pay is. List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

•Q. Who can get reduced price meals?

•A. Your children can get low cost meals if your household income is within the reduced price limits of the Federal Income Chart, shown on this application.

•Q. Will the information I give be checked?

•A. Yes, we may ask you to send written proof.

•Q. Can homeless, runaway, and migrant children get free meals?

•A. Please call The Director of Federal Projects and Special Projects at (918)746-6577 to see if your children qualify if you have not been informed that they will get free meals.

•Q. I get Women, Infants, and Children (WIC). Can my children get free meals?

•A. Children in households participating in WIC *MAY* be eligible for free or reduced-price meals. Please fill out an application.

•Q. May I apply if someone in my household is not a United States citizen?

•A. Yes, you or your children do not have to be a United States citizen to qualify for free or reduced-price meals.

•Q. We are in the military; do we include our housing allowance as income?

•A. If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

•Q. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?

•A. Please read the letter you got carefully and follow the instructions. Call us at numbers listed above if you have questions.

Meal Prices for 2009-2010			
Breakfast		Lunch	
Adult	\$1.50	Adult	\$2.75
Elementary	\$1.10	Elementary	\$1.80
Middle School	\$1.10	Middle School	\$2.25
High School	\$1.10	High School	\$2.25
Reduced Price	\$0.30	Reduced Price	\$0.40

Families may apply to receive free or reduced price meals for students at any time...

Please visit our website to access our new Online application or print an application.

http://www.tulsaschools.org/depts/childnutrition/pages/family_apps.htm

Households may complete and submit a family application at any time during the school year. If you have questions, please call us at Child Nutrition Services.

Benefits received with the Free and Reduced Lunch Program.

Low Income Report: Report has generated over \$2 million dollars for the districts general fund.

Free and Reduced Meals: Parents can save up to \$586.25 per year for free meals and up to \$463.75 per year for reduced meals.

Title One: Receive funding for materials, supplies and programs to help students become proficient in reading and math

Breakfast in the Classroom: Schools reporting high free and reduced meals can receive breakfast in the classroom at no cost to parents.

Universal Meals: When schools have a high percent of free and reduced meals the Child Nutrition Department will qualify that school to receive all reimbursable meals at no cost to parents.

Testing: As juniors they will receive a waiver for the PSAT test. All AP tests are free for qualifying students. Students can receive 1st ACT and SAT at no cost if they qualify. If they receive a fee waiver for the ACT or SAT they do not have to pay the fee to register with the NCAA.

Tulsa Public Schools E-Rate: Helps with telecommunications and internet services for schools.

Tulsa County Libraries: Helps with telecommunications and internet services for libraries.

Helpful Information

- All students have a personal debit account (not a credit account-please remember to deposit money for meals regularly).
- Students access their accounts using their personal ID #.
- Please make checks payable to your school cafeteria.
- Purchasing meals in advance eliminates the need for your child to remember to bring money to school daily.
- Upon approval of your application you will receive a letter advising your eligibility status. You are responsible for any meal charges prior to application approval.

INSTRUCTIONS:	INSTRUCCIONES:
<p><u>If you are applying for a FOSTER CHILD, follow these instructions:</u></p> <p>Part 1: List child's legal name, birth date, grade and school. Part 2: Check the box and list the child's personal use monthly income, if any. (<i>Personal use income is money the child gets from his/her family and money from the child's full-time or regular part-time job(s).</i>) Part 3: Skip this part. Part 4: Skip this part. Part 5: Sign form. A Social Security Number is not necessary. Part 6: Optional Part 7: Optional</p>	<p><u>Siga estas instrucciones si hace la solicitud por parte de un niño que esté bajo servicios sociales. Llene una solicitud separada por cada niño:</u></p> <p>Parte 1: Anote el nombre del niño, la fecha de nacimiento, la escuela, y su grado escolar. Parte 2: Marque el cuadro e anote la cantidad del ingreso mensual para el uso personal del niño si la hay. [<i>Este ingreso mensual es todo el dinero que recibe de su propia familia y/o el salario que gana el joven de su(s) emple(s) de tiempo parcial o de tiempo completo</i>]. Parte 3: Omite esta sección. Parte 4: Omite esta sección. Parte 5: Firme la forma. No es necesario un número de seguro social. Parte 6: Opcional Parte 7: Opcional</p>
<p><u>If your household gets SNAP, TANF OR FDPIR, follow these instructions:</u></p> <p>Part 1: List each child's legal name, birth date, grade and school. Part 2: Skip this part. Part 3: List current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Aid for Needy Families) or FDPIR (Food Distribution Program on Indian Reservation) case number. (<i>Your SNAP or TANF case number is on the ACCESS card in the lower left portion of the card.</i>) Part 4: Skip this part. Part 5: Sign the form. A Social Security Number is not necessary. Part 6: Optional Part 7: Optional</p>	<p><u>Si su unidad familiar recibe SNAP O TANF O FDPIR, siga estas instrucciones:</u></p> <p>Parte 1: Para cada niño, anote el nombre, la fecha de nacimiento, su grado escolar, la escuela. Parte 2: Omite esta sección. Parte 3: El número de caso de SNAP o TANF (Ayuda Temporal par las Familias de Pocos Recursos) o FDPIR. (Programa de Distribución de Alimentos en Reservas de indios). (<i>Se encuentra este número en la tarjeta ACCESS abajo y a la izquierda.</i>) Parte 4: Omite esta sección. Parte 5: Firme la forma. No es necesario un número de seguro social. Parte 6: Opcional Parte 7: Opcional</p>
<p><u>All other households, including WIC households, follow these instructions:</u></p> <p>Part 1: List each child's legal name, birth date, grade and school. Part 2: Skip this part. Part 3: Skip this part. Part 4: Follow these instructions to report total household income from last month. Column 1-Name: List name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to. Column 2-Gross income last month and how often it was received: Next to each person's name list each type of income received last month, and how often it was received. For example, <i>Earnings from work:</i> List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. <u>Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).</u> List the amount each person got last month from welfare, child support, alimony. Pensions, retirement, Social Security and ALL OTHER INCOME SOURCES. Worker's compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. <u>Next to the amount, write how often the person got it.</u> If you are in the Military Housing Privatization Initiative do not include this housing allowance. Column 3-Check if no income: If the person does not have any income, check the box. Part 5: An adult household member must sign the form and list his or her Social Security number, or mark the box if he/she does not have one. Part 6: Optional Part 7: Optional</p>	<p><u>Cualquier otra unidad familiar (se incluyen las del programa WIC), siga estas instrucciones:</u></p> <p>Parte 1: Para cada niño, anote el nombre, la fecha de nacimiento, su grado escolar, la escuela. Parte 2: Omite esta sección. Parte 3: Omite esta sección. Parte 4: Siga estas instrucciones para informar sobre todos ingresos de la unidad familiar del mes pasado. Columna 1-Nombre: Anote el apellido y el nombre de cada persona de la unidad familiar, sean parientes o no (como abuelos, otros parientes o amigos). Es importante anotar el nombre de la persona que completa esta solicitud y el nombre de todos los niños. Si es necesario, ajunte otra hoja. Columna 2-Todos los ingresos del mes pasado y con qué frecuencia se reciben, o sea, por cada persona que recibe ingresos, anote la cantidad recibida y la frecuencia con la que la recibe. Ingresos del trabajo: Anote los ingresos brutos de cada persona. Es decir, el ingreso bruto es el ingreso antes de restar impuestos y otras deducciones fiscales. Se debe estar anotado en el talón del cheque o pregúntele a su jefe. <u>Al lado de la cantidad, anote la frecuencia la recibe (cada semana, cada dos semana, cada quincena, o cada mes).</u> Todo otro ingreso: Anote la cantidad que cada persona recibe de otras fuentes del mes pasado. Incluya la asistencia pública, manutención de niños, compensación por separación o divorcio, pensiones, jubilación. Seguro Social, indemnización laboral, compensación por desempleo, beneficios de huelga, Seguridad de Ingreso Suplementario (SSI), beneficios de veteranos, (beneficios de al VA), beneficios por discapacidad, contribuciones fijas de alguien que no pertenece a su unidad familiar y TODOS OTROS INGRESOS. Informe sobre ingresos netos de negocios propios, agrícolas o de arrendamiento. <u>Al lado de la cantidad, anote con qué frecuencia la recibe.</u> Si Ud. participa en el programa <i>Military Housing Privatization Initiative</i> (Iniciativa de Privatización de Viviendas para Militares), no incluya este beneficio. Columna 3-Marque aquí si no hay ingreso: Si la persona nombrada no tiene ningún ingreso, marque el cuadro. Parte 5: Es obligatorio que un adulto de la unidad familiar firme la forma. También requiere que anote su número de Seguro Social O marque el cuadro apropiado si no tiene uno. (Si no lo tiene, no hay ninguna consecuencia negativa.) Parte 6: Opcional Parte 7: Opcional</p>

PART 6-RACE: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Mark one or more racial identities: (Indique una o más identidades raciales)

- Asian (Asiático) American Indian/Alaskan Native (Indígena/Indígena de Alaska) Black or African American (Negro/Afro-americano)
 Native Hawaiian or Other Pacific Islander (Hawaiano/de las Islas Pacíficas) White (Blanco)

Mark one ethnic identity: (Indique una identidad étnica)

- Hispanic or Latino Native (Hispano o latino de Latino-América) Not Hispanic or Latino (No Hispano/Indíno-América)

PART 7-OTHER BENEFITS: HEALTH INSURANCE –You do not have to complete this part to get free or reduced-price school meals.

Yes, I want health insurance for my child. School officials may give information from my Free and Reduced-Price meal Application to Medicaid or the Free Sooner Care Health Benefits officials so that they can send me information about free or low-cost insurance for my child. I understand that I will be releasing information that will show that I applied for free and reduced-price school meals for my child. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/guardian of the child for whom application is being made. (Si, quiero recibir seguro médico por parte de mi hijo. Permiso que cualquier oficial de la Escuela entregue la información de mi solicitud para las comidas gratis o a precio reducido al departamento de Medicaid o a los oficiales del programa Free Sooner Care Health Benefits para que me mande(n) más información sobre este seguro gratis o a precio reducido. Entiendo que, por este proceso, facilitaré información que indica que solicito para las comidas gratis o a precio reducido por parte de mi niño. Cedo mis derechos de privacidad solo por este propósito. Certifico que soy el padre/encargado del niño por quien está hecha esta solicitud.)

No, I am not interested in health insurance for my child. (No, no tengo interés en este seguro médico por parte de mi hijo.)

Sign here (Para indicar interés en estos beneficios, firme aquí): X _____ Date (Fecha): ____/____/____

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 children for free or reduced price meals. You must include the social security number of the adult household member who signs the application. 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 the Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number for your children 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 children 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.

REAPPLICATION: You may apply for benefits at any time during the school year. If you are not eligible now; but during the school year, you have a decrease in household income, an increase in household size, become unemployed, get SNAP or TANF or FDPIR benefits for your children, an application can be filled out at that time.

NONDISCRIMINATION: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and United States Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, SW, Washington, D.C. 20250-9410, or call (800)795-3272 or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

VERIFICATION: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the school's decision on your application or the result of the verification process, you may wish to discuss it with school officials. You also have a right to a fair hearing. To request this, contact the following official: Lisa Griffin, Education Service Center, 8934 E Latimer St, Phone: 833-8673. Mailing address: P.O. Box 470208, Tulsa, Oklahoma 74147-0208.

CONFIDENTIALITY: School officials use the information on the application only to decide if your children should receive free or reduced-price meals. Officials connected with Title I, the National Assessment of Educational Progress, the Magnet School Assistance Program, and Student Assessment may be informed whether your child is eligible for free or reduced-price school meals. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits. (See Part 7 on the applications.) Eligibility may be subject to release to other federal, state, and local education, health, or other means tested programs.

If you have any questions or need help in completing the application form, please contact us. You will be notified of the approval or denial of this application. Please answer all questions on the application. Incomplete applications cannot be approved.

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Eligibility Scale For Reduced Price Meals

	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each add'l member add	6,919	577	289	267	134

<u>Earnings From Work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Welfare/Child Support/Alimony</u>	<u>Other Income</u>
Wages/salaries/tips	Pensions	Public assistance payments	Disability benefits
Strike benefits	Supplemental Security Income	Welfare payments	Cash withdrawn from savings
Unemployment compensation	Retirement income	Alimony/child support payments	Interest/dividends
Worker's compensation	Veteran's payments		Income from estates/trusts/investments
Net income from self-owned business or farm	Social Security		Regular contributions from persons not living in the household
			Net royalties/annuities/net rental income