

# The Villages® Charter School

Dear Parent/Guardian:

Children need healthy meals to learn. The Villages Charter School offers healthy meals every school day. Breakfast costs are K-3 \$1.50; 4-8 \$1.75; 9-12 \$1.75. Lunch costs are \$2.50 K-3; \$2.75 4-8; 9-12 \$ 2.75. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help with the application process.

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

- All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP)**, are eligible for free meals.
- Foster children that are under 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 meal prices if your household income falls at or below the limits on the charts below.

**FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS**

Effective from July 1, 2021 to June 30, 2022

FREE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
Each additional person	5,902	492	246	227	114
REDUCED MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person	8,399	700	350	324	162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the member 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 Nancy Orozco at 352-259-2350 or [nancy.orozco@tvcs.org](mailto:nancy.orozco@tvcs.org).
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 the required information. Return the completed application to: Nancy Orozco 350 Tatonka Terrace, The Villages, FL 32162.

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 Nancy Orozco at 352-259-2350 or [nancy.orozco@tvcs.org](mailto:nancy.orozco@tvcs.org) immediately.
5. 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 [ezmealapp.com](http://ezmealapp.com) to begin or to learn more about the online application process. Contact Nancy Orozco at 352-259-2350 or [nancy.orozco@tvcs.org](mailto:nancy.orozco@tvcs.org) if you have any questions about the online application.
6. MY CHILDS' 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, though [DATE] You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, our child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MELAS? 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 be 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 APPLCIAITON? You should talk to the school officials. You also may ask for a hearing by calling or writing to: Nancy Orozco at 352-259-2350 or 350 Tatonka Terrace, The Villages 32162.
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 a U.S. citizen to apply for free or reduced priced 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 zeros. 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, 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. Contact Nancy Orozco at 350 Tatonka Terrace, The Villages, FL 32162 or 352-259-2350 to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Supplemental Nutritional Assistance Program (SNAP)**, contact your local assistance office or call the ACCESS Call Center at 1-866-762-2237 or visit the ACCESS Florida Website.

If you have other questions or need help please call **Nancy Orozco at 352-259-2350**. Si necesita ayuda, por favor llame al teléfono: **352-259-2350**

## INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [State SNAP], [State TANF], OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

**Part 1:** List only household members and the name of each child's school (if known).

**Part 2:** List the case number for any household member (including adults) receiving [State SNAP], [State TANF], or [FDPIR] benefits.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **Nancy Orozco (Food Service Associate)** in the Central office located in the 4<sup>th</sup> and 5<sup>th</sup> grade building.

IF NO ONE IN YOUR HOUSEHOLD GETS [State SNAP], [State TANF], OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call **[your school, homeless liaison, runaway, head start or migrant coordinator]**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

**Part 5:** Answer this question if you choose.

Turn the form in to **Nancy Orozco (Food Service Associate)** in the Central located in the 4<sup>th</sup> and 5<sup>th</sup> grade building.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 5:** Answer this question if you choose.

Turn the form in to **Nancy Orozco (Food Service Associate)** in the Central office located in the 4<sup>th</sup> and 5<sup>th</sup> grade building.

**If some of the children in the household are foster children:**

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

**Part 2:** Skip this part.

**Part 3:** Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 5:** Answer this question if you choose.

Turn the form in to **Nancy Orozco (Food Service Associate)** in the Central office located in the 4<sup>th</sup> and 5<sup>th</sup> grade building.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
  - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
  - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
  - **Income received from welfare, child support, and alimony:** List the amount each person received.
  - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
  - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

**Part 5:** Answer this question if you choose. \*\*

Turn the form in to **Nancy Orozco (Food Service Associate)** in the Central office located in the 4<sup>th</sup> and 5<sup>th</sup> grade building.

# 2021-2022 SY

## FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>							
Names of <u>all</u> household members (First, Middle Initial, Last)	Student ID	<i>Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.</i>					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS**  
 IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**  
 NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD NUMBER) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment ) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	<b>\$200</b>	X				<b>\$150</b>		X			<b>\$0</b>					<b>\$0</b>				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \*\*\* - \*\* - \_\_\_\_ - \_\_\_\_     I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify; however, your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs?     No     Yes

**PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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## USDA Non-Discrimination Statement

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. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Use of Information Statement

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.

**\*\*\*This Section is for Office Use Only**

Household Size: \_\_\_\_\_ Is this an Error Prone Application: Yes \_\_\_\_\_ No \_\_\_\_\_

Total Income: \_\_\_\_\_ Per: Week \_\_\_\_\_ Every 2 Weeks \_\_\_\_\_ Twice a Month \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

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

Reason for Denial or Withdrawal: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received