Dear Parent or Guardian:

Included in this packet is information re: Free and Reduced Price Meals. In order to process the applications as quickly as possible, please see the bullets listed below:

- 2019-2020 Applications may be submitted online via Family Access or you may use the attached paper copy. The application is also available online at www.hocksd.org under the "Parents" tab.

- If you turn in a paper application please fill out one application per household.

- If you qualify for free or reduced price meals and want to take advantage of our waived or reduced fees program (available to High School and Middle School students only) a Consent to Share Program Eligibility Information form (attached) must be turned in for students receiving free or reduced price meals. Please fill out one form per household. Since there are no fees for Elementary School students they do not need to be listed on the form.

- To submit an online form please login via Family Access. If you have more than one student attending Hockinson School District you will need to click on the down arrow and select a student. Do not select All Students. Select Add Application and complete and submit the form. Please submit one form for all students. A Consent to Share form must still be turned in to take advantage of waived or reduced fees.

- If you receive a letter before school begins with notification of your students qualifying for free meals for the 2019-2020 school year, you do not need to turn in an application. Please submit an online or paper application only if any students were not listed in the letter that should have been. A Consent to Share form must still be turned in to take advantage of waived fees.

Please see the following pages for instructions on how to apply for free and reduced price school meals and answers to frequently asked questions.

If you have any questions, please do not hesitate to contact me at 360-448-6408. For general questions you can also email me at caroline.chapman@hocksd.org.

Thank you,

Caroline Chapman
Child Nutrition Services

Steven Marshall, Superintendent
17912 NE 159th Street, Brush Prairie, WA 98606 • Tel: 360.448.6400 • Fax: 360.448.6409 • www.hocksd.org
National School Lunch Program/School Breakfast Program  
2019-20 Letter to Households (Public Schools)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th – 12th grades) will be charged the rates shown below.

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>K - 5</td>
<td>$1.40</td>
<td>$2.85</td>
<td>Ala</td>
</tr>
<tr>
<td>6 - 8</td>
<td>$1.65</td>
<td>$3.00</td>
<td>Ala</td>
</tr>
<tr>
<td>9 - 12</td>
<td>$1.90</td>
<td>$3.25</td>
<td>Ala</td>
</tr>
</tbody>
</table>

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to 17912 NE 159 St, Brush Prairie WA 98606.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child’s eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 360-448-6400.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$963</td>
<td>$889</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
<td>$2,607</td>
<td>$1,304</td>
<td>$1,204</td>
<td>$602</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
<td>$3,128</td>
<td>$1,645</td>
<td>$1,518</td>
<td>$759</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
<td>$3,970</td>
<td>$1,985</td>
<td>$1,833</td>
<td>$917</td>
</tr>
<tr>
<td>5</td>
<td>$55,815</td>
<td>$4,652</td>
<td>$2,326</td>
<td>$2,147</td>
<td>$1,074</td>
</tr>
<tr>
<td>6</td>
<td>$63,992</td>
<td>$5,333</td>
<td>$2,667</td>
<td>$2,462</td>
<td>$1,231</td>
</tr>
<tr>
<td>7</td>
<td>$72,169</td>
<td>$6,015</td>
<td>$3,008</td>
<td>$2,776</td>
<td>$1,388</td>
</tr>
<tr>
<td>8</td>
<td>$80,346</td>
<td>$6,696</td>
<td>$3,348</td>
<td>$3,091</td>
<td>$1,546</td>
</tr>
<tr>
<td>For each add’l family member, add:</td>
<td>$8,177</td>
<td>$682</td>
<td>$341</td>
<td>$315</td>
<td>$158</td>
</tr>
</tbody>
</table>

What must be on the application?

A. For households not getting any assistance:
   - Student name(s)
   - Names of all household members
   - Income by source for all household members
   - Adult household member’s signature
   - Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

   Complete Parts 1, 2, 3, 4, and 5; Part 6 is optional.

B. For households with only foster child(ren):
   - Student’s name
   - Adult household member signature

   Complete Parts 1 and 5; Part 6 is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

   Last 4 digits of SSN are not required for B.
National School Lunch Program/School Breakfast Program
2019-20 Letter to Households (Public Schools)

What must be on the application? continued

C. For a family getting Basic Food/TANF/FDPR:
   - List all student names
   - Enter a case number
   - Adult household member’s signature
   Complete Parts 1, 2, 4, and 5. Part 6 is optional.
   Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:
   Apply as a household and include foster children. Follow the directions for “A. For households not getting any assistance:” and include the foster child’s personal use income.

What if I’m not receiving basic food dollars?
If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child’s school.

Do my children automatically qualify if they have a case number?
Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child’s school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?
Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student’s school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?
Basic Food is the state’s food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

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.

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.

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.

Health Coverage
To inquire about or apply for health care coverage for kids in your family, please visit http://www.wahealthplanfinder.org or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?
If your child needs special foods, contact the school/district food service office.

Proof of Eligibility
The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing
If you do not agree with the decision on your child’s application or the process used to prove income eligibility, you may talk with Steven Marshall, Superintendent, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 360-448-6400.

Reapplication
You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.
**Federal Laws:**
School districts may verify (check) the information I have given to them about me and other individuals in my household. My refusal to provide the information may result in the denial of meal benefits, and I may be prosecuted under applicable state and federal laws.

**Student Information:**
Complete, sign, and return the application. It is not necessary to complete the application if you are not participating in federal assistance programs. Please write in any case number if no. Be sure to step 3.

<table>
<thead>
<tr>
<th>Student Grade</th>
<th>Student's First Name</th>
<th>Student's Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household Members:**

1. List all other household members - entire income (including others) and check how often you do not receive income. Check all that apply.

2. If any household members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number if no. Be sure to step 3.

- Food Distribution Program
- Food Stamps
- Temporary Food
- TANF
- Basic Food

3. List all students living with you that are attending school. If the student is a foster child, include this by placing an X in the appropriate box.

4. Identify any personal income.

- Homeless
- Military

5. Complete, sign, and return the application to 1792 NE 159 St, Miami, FL 33181.
SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

In accordance with Title 5, Federal Civil Rights Laws and U.S. Department of Education (USDE) civil rights regulations, the District may obtain information from your child's records and submit a child to programs and services of the District without the written consent of the parent or guardian if the District determines, based upon evidence available to the District, that the District is obligated to place the child with special needs in one of these programs.

Information regarding your child's potential eligibility for special education or related services for a child referred for special education services, requires the completion of the following procedures:

1. Notification: The District will notify you at least five school days prior to the date of the first eligibility determination meeting. The notification will include information regarding the potential eligibility for special education services, the date, time, and location of the meeting, and your right to participate in the determination meeting.

2. Evaluation: The District will conduct a comprehensive evaluation of your child according to the Individuals with Disabilities Education Act (IDEA). The evaluation will include educational assessments, health assessments, and any other assessments that are appropriate to determine your child's eligibility for special education services.

3. Due Process: The District will provide you with the opportunity to review and make comments on the results of the evaluation. If you disagree with the District's determination of your child's eligibility for special education services, you may request a due process hearing to contest the District's determination.

4. Referral: If your child is determined to be eligible for special education services, the District will develop an Individualized Education Program (IEP) that includes academic and functional goals, and the appropriate education and related services for your child.

5. Parental Consent: Your written consent is required for the District to provide special education services to your child. You may withdraw your consent at any time.

6. Children's Race and Ethnic Identity: We are required to ask information about your child's race and ethnicity. This information is important and helps make sure we are fully

[Form fields and checkboxes]

- **Annual Income**
- **Total Household Income**
- **Total Food Assistance**
- **Income Eligibility**
- **Application Approved For:**
  - Free Meals
  - Reduced Price Meals
  - Other

[Date: May 10, 2019]

[Signature of Approving Official]

[Date: September 20, 2019]

[Signature of Approving Official]
CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2019-20 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child’s eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

<table>
<thead>
<tr>
<th>Check to participate</th>
<th>Title of school program</th>
<th>How the shared information will be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Activities</td>
<td></td>
<td>Information shared with MS/HS ASB Secretaries</td>
</tr>
<tr>
<td>□ Athletics</td>
<td></td>
<td>Information shared with MS/HS ASB Secretaries</td>
</tr>
<tr>
<td>□ iPad Assurance Fee (HAP)</td>
<td></td>
<td>Information shared with MS/HS ASB Secretaries</td>
</tr>
<tr>
<td>□ Jazz Band</td>
<td></td>
<td>Information shared with MS/HS ASB Secretaries</td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print Student Name(s) here:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Signature of Parent/Guardian: ___________________________ Date: ____________

Email Address: ___________________________ Phone: ______________________

USDA is an equal opportunity provider and employer.