



## HOCKINSON SCHOOL DISTRICT

*Preparing all students for lifelong success*

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:

- 2018-2019 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](http://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 2018-2019 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](mailto:caroline.chapman@hocksd.org).

Thank you,

Caroline Chapman

Child Nutrition Services

**Sandra F. Yager, Superintendent**

17912 NE 159<sup>th</sup> Street, Brush Prairie, WA 98606 • Tel: 360.448.6400 • Fax: 360.448.6409 • [www.hocksd.org](http://www.hocksd.org)

**National School Lunch Program/School Breakfast Program  
2018-19 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 3<sup>rd</sup> grade. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K - 5	\$ 1.35	\$ 2.75	Ala Carte
6 - 8	\$ 1.60	\$ 2.90	Ala Carte
9 - 12	\$ 1.85	\$ 3.15	Ala Carte

REDUCED-PRICE			
Grade Level	Breakfast	Lunch	Snack
K - 3	\$ 0.00	\$ 0.00	Ala Carte
4 - 5	\$ 0.00	\$ 0.40	Ala Carte
6 - 12	\$ 0.00	\$ 0.40	Ala Carte

**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 **Hockinson School District, 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](tel:360-448-6400).

USDA Child Nutrition Program Income Guidelines Effective July 1, 2018–June 30, 2019					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each add'l family member, add:	\$7,992	\$666	\$333	\$308	\$154

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

**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(s) 6 (and 7) are optional.

**B. For households with only foster child(ren)**

- Student's name
- Adult household member signature

Complete Parts 1 and 5. Part(s) 6 (and 7) are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

**Last 4 digits of SSN are not required for B.**

**2018-19 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

HOCKINSON SCHOOL DISTRICT

Apply online: [www.hocksd.org](http://www.hocksd.org)

Complete, sign, and return this application to: 17912 NE 159 St, Brush Prairie WA 98606

Check here if you received meal benefits last year:  Homeless  Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<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"/>

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, go to Step 3.

Basic Food  TANF  Food Distribution Program on Indian Reservations (FDIPR) Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster		Earnings from work (before any deductions)		Public Assistance/ Child Support/ Alimony		Pensions/ Retirement/ Social Security (SSI)		Any Other Income Not Already Listed		Check if no SSN:	
	Monthly	2 X Month	Weekly	Bi-weekly	Monthly	2 X Month	Weekly	Bi-weekly	Monthly	2 X Month	Weekly	Bi-weekly
	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of \_\_\_\_\_ Check if no SSN:

(total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member

5. Contact Information & Signature - Complete, sign, and return this application to: 17912 NE 159 St, Brush Prairie WA 98606

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 Household Member \_\_\_\_\_ Adult Household Member Signature \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION  
FOR OTHER SCHOOL PROGRAMS  
2018-19 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.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Activities	Information shared with MS/HS ASB Secretary
<input type="checkbox"/>	Athletics	Information shared with MS/HS ASB Secretary
<input type="checkbox"/>	iPad Assurance Fee (HAP)	Information shared with MS/HS ASB Secretary
<input type="checkbox"/>	Jazz Band	Information shared with MS/HS ASB Secretary
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Print Student Name(s) here:**


Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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