

# 2020-21 Camp Lejeune Community Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)

Please return to: 855 Stone Street, Camp Lejeune, NC 28547, (910) 451-2447

A. CHILDREN and STUDENT Household Members					NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.				B. Assistance Programs		
<b>1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.</b> <b>2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.</b>		If applicable, for each STUDENT in the household please ENTER the <b>Name of the School</b> where the student is currently enrolled and their current <b>Grade</b> .		If applicable, please <b>CIRCLE</b> if a CHILD/STUDENT is:  Homeless Migrant Runaway Foster		<b>CHILD/STUDENT INCOME Earnings from Work</b>  ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)		<b>CHILD/STUDENT INCOME from ALL OTHER Sources</b>		Do any Household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?  <input type="checkbox"/> NO <input type="checkbox"/> YES	
First MI Last	Circle One:	School Name	Grade			GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency		
	S O			H M R F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	If "YES" please provide a case number (only one)  <b>Case Number:</b>  <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Then <b>SKIP to SECTION E.</b>
	S O			H M R F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
	S O			H M R F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
	S O			H M R F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
	S O			H M R F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	

C. ADULT Household Members		1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report. (2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on "Sources of Income for ADULTS" and Income Frequency chart on page 2 (or reverse side) of this application.					
LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.		GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/ Alimony/ Child Support	CIRCLE Frequency	Pensions/ Retirement/ All Other Income	CIRCLE Frequency
Head of Household		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly

D. Household Total and Social Security Number (SSN)	
ENTER Total Number of Household Members (Children and Adults) HERE	<input style="width: 90%;" type="text"/>
ENTER LAST FOUR DIGITS OF SSN HERE <small>(Head of Household or Primary Wage Earner ONLY)</small>	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> I do not have a Social Security Number	

E. Attestation: An adult household Member must sign the application. "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 child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."			
Head of Household Signature:	Today's Date:	Email:	Address:
Printed Name:		Contact Number:	City: State: Zip Code:

F. Child(ren)'s Ethnic and Racial Identities (Optional)
<b>SELECT one ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>SELECT one or more (regardless of ethnicity):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

<b>For Office Use Only</b>	Total Household Members:	Total Household Income:	per:
	<i>Income Conversion</i>		
	<small>NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying:</small> <input type="checkbox"/> Weekly (x52) <input type="checkbox"/> Biweekly (x26) <input type="checkbox"/> Monthly (x12) <input type="checkbox"/> Bimonthly (x24) <input type="checkbox"/> Annually		

<b>Eligibility Determination:</b> <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Reason for Denial of Eligibility:

Determining Official's Signature & Date
Confirming Official's Signature & Date
Verifying Official's Signature & Date

Sources of Income

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time 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 any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity or trust</li> </ul>

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>Net income from self-employment (farm or business)</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 (does NOT include combat pay, FSSA or privatized housing allowances)</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> <li>Strike 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 benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

Income Frequency

Weekly = Once per week	Bi-Weekly = Every two (2) weeks
Monthly = Once per month	Bi-Monthly = Twice per month
Annually = Total salary per year	

Please Mail this application to: **Camp Lejeune Community School**  
**855 Stone Street**  
**Camp Lejeune, NC 28547**  
**(910) 451-2447**

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.

**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:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

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

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# CAMP LEJEUNE COMMUNITY SCHOOLS

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Camp Lejeune Community Schools** offers healthy meals every school day. Breakfast costs **\$1.45**; lunch costs **(K-8, \$2.80)** and **(9-12, \$2.90)**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **(Free)** for breakfast and **(\$0.40)** for lunch. This packet includes an application for free or reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food and Nutrition Services (FNS, formerly known as Food Stamps)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Federally-funded 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 price meals if your household income falls at or below the limits on this chart.

<b>FEDERAL INCOME CHART</b>					
Effective For School Year July 1, 2020 - June 30, 2021					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person	8,288	691	346	319	160

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members 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 **School Nutrition Services at (910) 451-2447 or Lejeune.SFS@dodea.edu.**
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 required information. Return the completed application to: **School Nutrition Services, 855 Stone Street, Camp Lejeune, NC, 28547, (910) 451-2447 Lejeune.SFS@dodea.edu**
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 **School Nutrition Services, 855 Stone Street, Camp Lejeune, NC, 28547, (910) 451-2447 or Lejeune.SFS@dodea.edu** immediately.
5. 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. 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, your child will be charged the full price for meals.

6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
8. 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 become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Dwight Roberson, Student Meal Program Manager. (910) 907-0388, [Lejeune.SFS@dodea.edu](mailto:Lejeune.SFS@dodea.edu)**
10. 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 U.S. citizens to apply for free or reduced price meals.
11. 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.
12. 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 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.
13. 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.
14. 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 School Nutrition Services, 855 Stone Street, Camp Lejeune, NC 28547 (910) 451-2447 or [Lejeune.SFS@dodea.edu](mailto:Lejeune.SFS@dodea.edu)** to receive a second application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food and Nutrition Services (FNS, formerly Food Stamps)** or other assistance benefits, contact your local assistance office or call **The Careline at 1-800-662-7030**.

If you have other questions or need help, call **(910) 451-2447**.

Sincerely,

**Clyde L. Thomas**

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