



**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
AMERICAS SOUTHEAST DISTRICT  
Food and Nutrition Services Department  
151 East Cardinal Lane  
Beaufort, South Carolina 29906  
Telephone 843-846-4933 Ext 2319 Fax: 843-846-1108**

## Fort Jackson Schools – Cafeteria News SY 17-18

The United States Department of Agriculture (USDA) has specified new mandatory minimum prices for all meals which require us to increase meal prices.

**The new meal prices are as follows:**

<b>Student Meal Price</b>	<b>SY-16-17</b>	<b>SY 17-18</b>	<b>Adult Meal Price</b>	<b>SY 16-17</b>	<b>SY 17-18</b>
Student Full pay Breakfast	\$1.75	\$1.75	Adult Breakfast	\$2.75	\$2.75
Student Full Pay Lunch	\$2.75	<b>\$2.85</b>	Adult Lunch	3.75	\$3.75
Student Reduced pay Breakfast	\$.30	\$.30	Adult Lg Chef Salad	\$3.75	\$3.75
			Adult Sm Chef Salad	\$2.50	\$2.50
Student Reduced pay Lunch	\$.40	\$.40	Entree	\$2.00	\$2.00
Milk (ala cart)	\$.60	\$.60	Side Dish	\$1.00	\$1.00
Smart Snacks	Vary Price per item	Vary Price per item	Desserts (when available)	\$1.00	\$1.00
			Tea	\$.75	\$.75

An adult meal will have the same items as a student meal but will consist of the higher portions. Adults may choose milk or tea for their beverage.

Please note that the reduce price meals will remain the same (\$.30 Breakfast and \$.40 Lunch). Parents need a current year Free and Reduced application on file. **SY 17-18 Free/Reduced meal application packets will be available at your school in July 2017.**

If your child's cafeteria account carried a balance at the end of the 2016-2017 school year, that balance will be carried forward to the next school year (2017-2018). If your child is moving to a different school on **Ft. Jackson** his or her account balance will travel with him or her. **We ask that you fund your child's meal account at least a week in advance as daily payments slow down the serving process.**

We will continue **payroll deduction procedure** for past due cafeteria meal charges.

If you have any questions concerning these matters, please feel free to contact the Food and Nutrition Program Manager at (843) 846-4933 x2319.

*USDA is an equal opportunity provider and employer*



# Online Payment System for School Meals

[www.K12PaymentCenter.com](http://www.K12PaymentCenter.com)

*If you have a [www.K12PaymentCenter.com](http://www.K12PaymentCenter.com) account, simply login with your current username and password. If you are new, register today!*

Our online payment system is a secure, easy and convenient way to apply funds directly to your student's account. It's free to create an account and the Premium Account Services for all DoD families.



## Benefits of a Basic Account

- Quick and easy payment system for your student's meals
- Deposit to multiple students' accounts with one single payment
- Pay online for school fees such as merchandise, apparel, supplies, tickets, yearbooks, parking fees, etc. (if your district participates)
- Recurring payments can be set for monthly or weekly deposits
- Notifications sent via text or email when new school fees are assigned to your student
- Step-by-step registration is easy and account management is simple and intuitive
- Secure payment processing
- Your information is confidential – we do not sell your information to anyone!
- Access online payments on [facebook](#)
- \$1.95 fee per transaction for school meal payments

## Additional benefits of a Premium Account

- See your student's meal account balance any time
- Automated notifications via email and text when your student's meal account balance falls below an amount you determine
- See 120 days of meals and fees purchased and payments made, so you know exactly where your money is being spent
- Service is free to all DDESS schools

## Begin Managing Your Account Online Today!

To learn more visit [www.K12PaymentCenter.com](http://www.K12PaymentCenter.com). Remember, if you already had an account, simply log in with your current username and password. To register for a new account, you will need your student's district student ID#. If you do not have this number you may obtain it from your student's school.



2017-2018 PUBLIC MEDIA RELEASE

FORT JACKSON SCHOOLS today announced its policy for free and reduced price meals for children served in schools under the National School Lunch Program and the School Breakfast Program. Local school officials have adopted the following household size and income criteria for determining eligibility:

Household size	Federal Poverty Guidelines	(1) Free meals – 130%					(2) Reduced price meals – 185%				
	Annual	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1.....	12,060	15,678	1,307	654	603	302	22,311	1,860	930	859	430
2.....	16,240	21,112	1,760	880	812	406	30,044	2,504	1,252	1,156	578
3.....	20,420	26,546	2,213	1,107	1,021	511	37,777	3,149	1,575	1,453	727
4.....	24,600	31,980	2,665	1,333	1,230	615	45,510	3,793	1,897	1,751	876
5.....	28,780	37,414	3,118	1,559	1,439	720	53,243	4,437	2,219	2,048	1,024
6.....	32,960	42,848	3,571	1,786	1,648	824	60,976	5,082	2,541	2,346	1,173
7.....	37,140	48,282	4,024	2,012	1,857	929	68,709	5,726	2,863	2,643	1,322
8.....	41,320	53,716	4,477	2,239	2,066	1,033	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	4,180	5,434	453	227	209	105	7,733	645	323	298	149

**Children from families whose income is at or below the levels shown may be eligible for free or reduced price meals.**

For school officials to determine eligibility, the household must provide the following information on the application: (1) A SNAP or TANF case number certifying the household is currently eligible for either of these assistance programs and an adult household member signature or (2) names of all household members, the name and last four digits of the social security number of the adult household member signing the application form, current income by source for each household member and a signature of an adult household member certifying that the information provided is correct.

Foster children may also be eligible for these benefits regardless of household income. If a household has foster children living with them and the household has not previously been notified by the School District that their foster children have been directly certified for free meals, the household should include and count the foster children (including personal income earned by the foster children) on the household application form with other non-foster children.

Under the provisions of the policy *Reginald Clement* will review applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the reviewing official may wish to discuss the decision with the reviewer on an informal basis. Parents wishing to make a formal appeal may make a request either orally or in writing to *Ms Kathleen Reiss* whose address is: 376 Davis Drive Fort Stewart, GA 31315 for a hearing to appeal the decision. The hearing procedures are outlined in the policy.

If a household member becomes unemployed or if household size changes, the household should contact the school to file a meal application. Such changes may make the children of the household eligible for free or reduced price meals if the household income falls at or below the levels shown above. A complete copy of the policy is on file in each school and in the office of the District Superintendent where any interested party may review it.

This institution is an equal opportunity provider

# Fort Jackson Schools 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (for additional names use separate sheet of paper)

<p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant or Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p>	Child's First Name	MI	Child's Last Name	Grade	FJ Student?		Homeless, Migrant, Runaway		
						Yes	No	Foster Child	Migrant, Runaway
						<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"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR? Circle on below.

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to Step 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income

How often?			
Weekly	Bi-Weekly	2xMonth	Monthly
\$ <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2xMonth	Monthly		Weekly	Bi-Weekly	2xMonth	Monthly		Weekly	Bi-Weekly	2xMonth	Monthly
<input style="width: 150px;" type="text"/>	\$ <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

## STEP 3 Contact Information and Adult Signature

"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."

Street Address (if available)  Apt #  City  State  Zip  Daytime Phone and Email (optional)

Printed name of adult signing the form  Signature of adult  Today's date



# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS AT FT JACKSON

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Ft. Jackson. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Reginald Clement, Food Nutrition Program Manager at 843-846-4933 x2319 or reginald.clement@am.dodea.edu].

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

## **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Ft. Jackson, regardless of age.

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>B) Is the child a student at Ft. Jackson?</b> Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Ft. Jackson. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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## **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or Richland County Department of Social Services 803-714-7300.
- Temporary Assistance for Needy Families (TANF) or Richland County Department of Social Services 803-714-7300.
- The Food Distribution Program on Indian Reservations (FDPIR).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Richland County DSS 803-714-7300.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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## **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children,**" printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

### 3.B REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**B) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**C) Report earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**D) Report income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**E) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

**F) Report total household size.** Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

## STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**C) Drop off at your school or Mail Completed Form to:**  
**5900 Chestnut Rd**  
**Columbia SC 29206**

**D) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.