



*How does the lunch program work?*

- ❖ The price for a student lunch this year is \$2.00. Milk only, is 50¢. • To purchase lunch tickets please come to the cafeteria between 8:30 & 2:30 p.m. (except during lunch times, 11:00-12:45.) after signing in at the main office, or send a check in with your student (preferred). **Tickets are sold on Monday and Friday only.** You may also mail a check to the school, (ATTN. SUE PARKER) and the tickets will be given to the student as soon as possible. Please allow one week lead time. You may purchase as many tickets as you would like. We accept cash or checks. Please make checks payable to "Blanchard Memorial School" and write **your student's name & classroom on the check.** *US coin & currency only please.*
- ❖ Parents interested in reduced price or free lunch should fill out an application form (sent home on the first day of school) and return it to the school ASAP. Eligibility is based on total income and # of people living in the household. An application must be filled out **every year** even if the student qualified the previous year. The application packet includes a chart to assist families in deciding if they may qualify. **PLEASE FILL OUT THE APPLICATION COMPLETELY.** Applications may be obtained during the school year in the main office. Once a determination is made (guidelines are set by the US government) a letter is sent home to inform the family.
- ❖ Students in 3<sup>rd</sup> through 6<sup>th</sup> grade are allowed to buy 2 lunches if they have enough cash or tickets. **(They are not allowed to "charge" the second lunch.)**
- ❖ If a student loses or forgets their lunch money they may charge a lunch, payable the following day. Students are responsible for notifying their parents if they have an IOU. A notice will be sent via e-mail when a student has \$6.00 in lunch or milk IOUs. If a family does not have e-mail a notice will be mailed home. **Please check with your student periodically to see if they owe lunch money. If you have changed your e-mail address or have recently acquired e-mail please let me know.**
- ❖ Parents of students with food allergies are welcome to come in and read labels on our products. Please call to set up a time.
- ❖ **Nutrition requirements-**  
The School Lunch Program assures that your child is receiving a nutritionally balanced meal. The requirement states that when school meals are averaged over a 5 day period calories from fat should be no more than 30%, and calories from saturated fat should be less than 10%. Whole grains are also encouraged as are all foods containing fiber. We strive to meet these goals and we will continue to make changes in our program to provide healthy meals for your children. Please encourage your students to take all the items available to them so they will have a well balanced meal. Thank you!

I will be happy to answer any questions. Please call or E-mail me.

Sue Parker

Food Service Director

978-263-4569 ext. 138

[sparker@boxboroughschool.org](mailto:sparker@boxboroughschool.org)

Dear Parent/Guardian:

**Children need healthy meals to learn. Blanchard Memorial School offers healthy meals every school day. Lunch costs 2.00. Your children may qualify for free meals or for reduced price meals. Reduced price is .40 for lunch.**

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. 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: Susan Parker, Food Service Director, Blanchard Memorial School, 493 Mass Ave., Boxborough, MA 01719 Tel. 978-263-4569.**

**2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), or getting TANF, and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call **Blanchard Memorial School** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at 978-263-4569 ext. 138 if you have questions.

**6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or getting TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**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: Dr. Curtis Bates, 493 Mass Ave, Boxborough, MA 01719. 978-263-4569.

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call 978-263-4569.

*Si necesita ayuda, por favor llame al teléfono: 978-263-4569.*

*Si vous voudriez d'aide, contactez nous au numero: 978-263-4569.*

Sincerely,  
Susan Parker  
Food Service Director  
Blanchard Memorial School

## INSTRUCTIONS FOR APPLYING

**If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, or gets TANF, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a SNAP or TANF case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

<b>Part 1. Children in School (Use a separate application for each foster child)</b>			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP* or TANF case # (if any). <b>Skip to Part 5 if you list a SNAP* or TANF case #</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**  
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 5.

<b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>					
1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/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"/>

**Part 5. Signature and Social Security Number (Adult must sign)**  
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act 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.*  
Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

<b>Part 6. Children's ethnic and racial identities (optional)</b>	
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"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American

**Don't fill out this part. This is for school use only.**  
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12  
Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_  
Temporary: Free \_\_\_\_ Reduced \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days)  
Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b>			
For School Year 2009-10			
Household size	Yearly	Monthly	Weekly
1	14,079	1,174	271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Each additional person:	4,862	406	94

\* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

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**Privacy Act Statement: This explains how we will use the information you give us.**

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 social security number of the adult household member who signs the application. 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.

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