FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. International School of Louisiana offers healthy meals every school day. Breakfast costs \$1.50; lunch costs \$2.75. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. 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 SNAP, the Food Distribution Program on Indian Reservations (FDPIR) 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 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.

FEDERAL ELIG	IBILITY INCOME CHAR	T: School Year 2018 - 2	2019
Household size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

- 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 Nikia Magee, School Social Worker at nmagee@isl-edu.org or (504)274-4571.
- 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: International School of Louisiana 1400 Camp St. New Orleans, LA 70130 Attn: Food Services
- 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 Food Services Office 1400 Camp St. New Orleans, LA 70130 or mboudreaux@isl-edu.org or (504) 654-1088 immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.myschoolapps.com to begin or to learn more about the online application process.

Contact the Food Services Office 1400 Camp St. New Orleans, LA 70130 or mboudreaux@isl-edu.org if you have any questions about the online application.

- 6. 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 last school year and for the first 30 operating days of this school year, through **September 27, 2018.** 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.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. 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.
- 10. 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: International School of Louisiana 4040 Eagle St. New Orleans, LA 70118 Attn: E. Thomas, Chief of Operations (504) 229-4382 or ethomas@isledu.org
- 11. 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.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 13. 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.
- 14. 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.
- 15. 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 Food Services Office 1400 Camp St. New Orleans, LA 70130 (504)654-1088 or mboudreaux@isl-edu.org to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call the Louisiana Department of Children and Family Services: **1-888-524-3578**.

If you have other questions or need help, call (504)654-1088.

Sincerely,

Melissa Boudreaux Food Service Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

application. If at any time you are not sure what to do next, please contact International School of Louisiana Food Service Department at (504)905-4889 or even if your children attend more than one of the International School of Louisiana school campuses. 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 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 mboudreaux@isl-edu.org.

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

STIEP ARTIST ALL HOUSEHOLD WIEWBERS WHO ARE INFANTS, GHILDREN, 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.

Children age 18 or under AND are supported with the household's income;

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

- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth
- Students attending International School of Louisiana regardless of age.

child. When printing names, write one letter inname. Use one line of the application for each with all required information for the additional application, attach a second piece of paper are more children present than lines on the each box. Stop if you run out of space. If there A) List each child's name. Print each child's

write the grade level of the titled "Student" to tell us which student in the 'Grade' column to School of LA. If you marked 'Yes, children attend International 'Yes' or 'No' under the column International School of LA Mark B) Is the child a student at the right.

©) Do you have any foster children? If any children your application. If you are applying for both foster applying for foster children, after finishing STEP 1 box next to the child's name. If you are ONLY listed are foster children, mark the "Foster Child" and non-foster children, go to step 3. Foster children who live with you may count as go to STEP 4: members of your household and should be listed on

> child's name and complete all steps of description, mark the "Homeless, D) Are any children homeless, migrant, Migrant, Runaway" box next to the or runaway? If you believe any child the application. listed in this section meets this

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANE, OR EDPIRE

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
- Temporary Assistance for Needy Families (TANF) or
- The Food Distribution Program on Indian Reservations (FDPIR)

listed programs:

A) If no one in your household participates in any of the above B) If anyone in your household participates in any of the above listed programs:

 Leave STEP 2 blank and go to STEP 3. Write a case number for SNAP, TANE, 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 the Louisiana Department of Children and Family Services (DCFS): 1-888-524-3578.

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
- 0 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

3.A. REPORT INCOME EARNED BY CHILDREN

count foster children's income if you are applying for them together with the rest of your household. 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

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

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.
- People who live with you but are not supported by your household's income AND do not contribute income to your household.
- B) List adult household members Infants, Children and students already listed in STEP 1.

names. Print the name of each

follow the instructions in STEP 3, part A. "Names of Adult Household Members household member in the boxes marked household members you listed in STEP 1. ©) Report earnings from work. Report all income from work in the money received from working at jobs. If you are a self-employed expenses of your business from its gross receipts or revenue. amount. This is calculated by subtracting the total operating business or farm owner, you will report your net income: "Earnings from Work" field on the application. This is usually the What if I am self-employed? Report income from that work as a net

support/alimony. Report all income that applies in the "Public

D) Report income from public assistance/child

Security Number, leave this space blank and mark the box to the Security Number. If no adult household members have a Social eligible to apply for benefits even if you do not have a Social their Social Security Number in the space provided. You are G) Provide the last four digits of your Social Security Number regular payments should be reported as "other" income in the allmony, only report court-ordered payments. Informal but An adult household member must enter the last four digits of Assistance/Child Support/Alimony" field on the application. Do right labeled "Check if no SSN." not report the cash value of any public assistance benefits NOT isted on the chart. If income is received from child support or

E) Report income from "Pensions/Retirement/All Other Report all income that applies in the pensions/retirement/all other income

If a child listed in STEP 1 has income,

(First and Last)." Do not list any

Income" field on the application.

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

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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. 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

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helps us reach you quickly if we need to contact you.	address, this does not make your children ineligible	A) Provide your contact information. Write your current address in the fields provided if this
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2018-2019 Household Application for Free and Reduced Price School Meals

ISL - Westbank

Apply online: www.MySchoolApps.com

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

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am aware mariri pulposery give	check) the mormation. I	ricials may verify (o	s, and that school of	receipt of Federal fund	o connection with the	s information is given in aws."	ed. I understand that this ble State and Federal la	at all income is report	n this application is true and th meal benefits, and I may be pro	's 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 it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that it purposery given in connection with the receipt of Federal funds, and that school officials may verify (check) the information in connection with the receipt of Federal funds, and that school officials may verify (check) the information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information is given in connection with the receipt of Federal funds, and the school official funds in check and the school officia	<u></u>
HERE	ADDRESS H	T MAILING	UR SCHOOL/DISTRICT MAILING	YOUR SCHO	To: INSERT YO	Completed Form To:	Mail Col	ilt signature	Contact information and adult signature	STEP 4 Contact in	
	Check if no SSN	Q	×	× ×	ımber (SSN) of Household Membı	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	Last Four Digits o Primary Wage Ear		Total Household Members (Children and Adults)		
	S Y	00					4 4			Income for Adults" Chart will help you with the All Adult Household Members	
	4						*			section.	
0000	45	0	0 0		S	000	*			chart will help you with the Child Income	
000	€	0	0 0		\$	000				The "Sources of Income for Children"	
Weekly Bi-Weekly 2x Month Monthly	All Other Income	Month Monthly	Weekly Bi-Weekly 2x Month	Child Support/Alimony	Monthly	Weekly Bi-	Earnings from Work	s (First and Last)	Name of Adult Household Members (First and Last)	for more information.	_
oss income (before taxes) ere is no income to report. How often?	come, report total grong (promising) that the	ey do receive in you are certifyin	lember listed, if the e any fields blank, Howoften?	or each Household IV you enter '0' or leave	eceive income. Fo	even if they do not n e income from any s Howaten?	uding yourself) (including yourself) If they do not receiv	Members (incl not listed in STEP 1 ars (no cents) only.	B. All Adult Household Members (including yourself) 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. How often? Buttle Agricultation	Flip the page and Lireview the charts titled for Sources of Income*	
	Bi-Weekly 2x Month Monthly	Weekly BI-	\$	eceived by all	TOTAL income r	Please include the	r receive income. F	household earn o STEP 1 here.	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.	A Are you unsure what income to include here?	
	Lamphon?	in the state of th			Yes to STEP 2	(Skip this step if you answered 'Yes' to STEP 2	s (Skip this steps)	Household Wembers	for ALL	STEP3 Report Income	
Write only one case number in this space.	Case Number: Write onl	Cas	STEP 3)	(Do not complete STEP 3)	hen go to STEP 4	If YES > Write a case number here then go to STEP 4 $\underline{(Do)}$	If YES > Write a		NO > Complete STEP 3.	≖	
	ing assistance programs: SNAP, TANF, or FDPIR?	s: SNAP, TA	nce program		nore of the fo	pate in one or i	urrently partici	cluding you) c	Do any Household Members (including you) currently participate in one or more of the follow	STEP 2 Do any Hou	
LJL										How to Apply for Free and Reduced Price School Meals for more information.	271
Check all the										and children who meet the definition of Homeless, Migrant or Runaway are clinible for free meaks Read	0 2 0 0
at apply										even if not related." Children in Foster care	0 9 =
										Member: "Anyone who is living with you and shares	520
Student? Foster Migrant, ss No Child Runaway	Grade su				Child's Last Name	, Child	MI		Child's First Name	Positivitor of Household C	7

Printed name of adult completing the form

Signature of adult completing the form

Today's date

2. 计程序设置 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Acill City of		Comming Silicial Solgilature	onimaling Sin	Jaie	lule	Determining Official's Signature
				A A A A BOART THE CONTRACT OF THE STATE OF T		III Selection in the se	
ied OR Categorically Eligible?	Free Reduced Denied	Household Size		thly Annually	How Often? y 2 x Month Monthly	Weekly Bi-Weekly	Total Income We
onth × 24; Monthly × 12	:ks x 26; Twice a Month x 24;	Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26;	Conversion: Week	nnual Income		For School Use Only	DO NOT FILL OUT FA
Regular cash payments from outside household	Regular cash	Strike Benefits					
ne	Rental Income	Veteran's Benefits	nousing, rood and clothing	nousing, t	ic, gilliony of moon	private pension in	Income from any other source
	1	Child Support Payments	s for off-base	Allowances	A child receives regular income from a	A child receives regular income from	
est	Earned interest	Alimony payments	is)	allowances)	regularly gives a child spending money	regularly gives a cl	outside the household
ncome	Investment Income	government	or privatized housing	FSSA or	ed family member	A friend or extended family member	Income from person
	te or local Annuities	Cash assistance from state or local	(do NOT include combat pay,		deceased, and their child receives Social	deceased, and the	Benefits
Regular income from trusts or estates	Regular incor	(SSI)	If you are in the U.S. Military		d, retired, or	A parent is disabled, retired, or	Payments
Private pensions or disability benefits		Supplemental Security Income	employment (farm or business)	employme	nefits	Social Security benefits	- Disability
	D. Goldina)	Worker's Compensation	income from self-	Net inc	A child is blind or disabled and receives	A child is blind or disabled and rec	On the last of the
Social Security (including railroad retirement and black lung	Social Securi	Unemployment benefits	Salary, wages, cash bonuses		A child has a regular full or part-time job	A child has a regul	Earnings from work
Pensions/Retirement/All Other Income		Child Support	Earnings from Work	Earn	Examples(s)	Exar	Sources of Child Income
The Committee of the Co		Public Assistance/ Alimony/					
	COTUDE TO BE ADDITION OF THE TOP ADDITION OF T				O.	Sources of Income	INSTRUCTIONS SOI
						.gov. nity provider.	il: instituti
in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, is Agencies, offices, and employees, and institutions participating for administering USDA program are provided or restricted or restrict for prior civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating for program information require alternative means of communication program information and use a civil prior contact the Agency (State or local) where they applied for benefits, Individuals who are deaf, flatd 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 language, so ther 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_cushtimi, 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 (865) 832-892. Submit your completed form or letter to USDA by: But the program information of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Capacity of the Completed form or letter to USDA by: Capacity of the Completed form or letter to USDA by: Capacity of the Completed form or letter to USDA by: Capacity of the Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	reea, and institutions participating in or administerir s with disabilities who require alternative means of aver speech disabilities may contact USDA throug in Compiaint Form. (AD-3027) found online at: http://Submit/your.completed.form.or/letter to USDA by:	, offices, and employees, and instituted by USDA. Parsons with disabilitie hard of hearing or have speech di regram Discrimination Complaint Focal (966) 632-9992. Submit your co. D.C. 20250-9410	Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and enrich longin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Per n Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits, individuals who are deat, hard of hearing n may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimin ar 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) 532-999. U.S. Department of Agriculture. Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	nts regulations and p tivity in any program they applied for ber am complaint of disc in the form. To requ ghts 1400 Independs	i Agriculture (USDA) civil rights action for prior civil rights acency (State or local) where than English. To file a progr to fit he information requestects is sistant Secretary for Civil R	w and U.S. Department of t, age, or reprisal or retall t), should contact the Agraliable in languages other to and provide in the letter al yariculture. Office of the As	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 employ race, color, national origin, sex, disability, age, or reprisal or retailation for prior civil rights activity in any program or activity conducted or funded by USDA. Person audiciape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits, individuals who are deaf, hard of hearing or program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination 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 (865) 832-9992. U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (202) 890-7442; or
no USDA programs are prohibited from discriminating based on	tions participating in or administers	Manager and appropriate and institu	regress acces	S and violations of the	lest citicals to help them by	eviews, and law enjorcem	tor their programs, auditors for program reviews, and law efficient follows to their users from the work and the programs of programs of programs of programs.
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 meels. 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 endetermine the program of the programs to help them evaluate, fund, or determine benefits for concern sections.	child for free or reduced price meals plemental Nutrition Assistance Programs of the application does not the signing the application, health, and nutrition, with education, health, and nutritions.	ou do not, we cannot approve your of a foster child or you list a Supple te that the adult household membe that the your eligibility informatic	to give the information, but if you give the information, but if you heha you exply on beha the total of when you indicath and breakfast programs. We recoran rules.	ion. You do not have ity number is not rec r FDPIR identifier fo forcement of the lunc k into violations of p	e information on this application digits of the social security case number or other mod for administration and entered ferries is neighborhood to the security of the securit	ol Lunch Act requires the stre application. The last fin Indian Reservations (Find reduced price meals, and law orderseases).	The Richard B. Russell National Scho of the adult household member who sign Program or Food Distribution Program or each chair cover child is eligible for free feather for some content.
Date		ardian	Signature of Parent/Guardian			☐ White	
			×	Islander	Native Hawaiian or Other Pacific Islander	☐ Native Hawaii	
to share information from my free and reduced-price meals application with La CHIP. Please sign	ation from my free and reduce	chool officials to share inform	i do NOT want school officials here:		an American	☐ Black or African American	☐ Not Hispanic or Latino [
price meals who do not have health insurance can get free health coverage from Lackhir. The school system is allowed to sind information from this application with LaCHIP. If you do not want to share information from your free and reduced-price meals application with LaCHIP, you need to check the box and sign below. Your decision will not affect your child's eligibility for free and reduced-price meals.	get free neatin coverage from the neatin coverage from the do not want to share informatic slow. Your decision will not a	It have health insurance can plication with LaCHIP. If you o to check the box and sign be	price meals who do no information from this ap with LaCHIP, you need meals.	VO.	e (check one or more): American Indian or Alaskan Native	Race (check one or more): American Indian or Ala	Ethnicity (check one):
ormation is important and helps to make sure we are fully serving our community. Responding to this section is No-Cost Health Insurance from Louisiana Children's Health Insurance Program (LaCHIP): Most children getting free OR reduced-	we are fully serving our co	and helps to make sure vince from Louisiana Children	information is important No-Cost Health Insura	ethnicity. This price meals.	r children's race and ity for free or reduced	ormation about you ur children's eligibili	We are required to ask for information about your children's race and ethnicity. This information is important and helps to optional and does not affect your children's eligibility for free or reduced price meals. No-Cost Health Insurance from Loui
					thnic Identities	Children's Racial and Ethnic Identities	OPTIONAL Childrer

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I DO want school officials to share i School Meals Application with	information from my Free and Reduced Price
Yes! I DO want school officials to share i School Meals Application with	information from my Free and Reduced Price
Yes! I DO want school officials to share i School Meals Application with	information from my Free and Reduced Price
•	ove, fill out the form below to ensure that your elow. Your information will be shared only with
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	
For more information, you may call Melissa Bo	

For more information, you may call Melissa Boudreaux at (504) 229-4388 or mboudreaux@isl-edu.org

Return this form to: 1400 Camp St. New Orleans, LA 70130 by September 15, 2018.