

Dear Parent/Guardian:

Children need healthy meals to learn. Fort Mill School District offers healthy meals every school day. The price for meals will be \$1.35 for breakfast at all schools. Elementary lunch will be \$2.25. Lunch at Middle and High School will be \$2.50-\$3.00. Children may qualify for free or reduced meals if your household income falls at or below the limits on the chart:

Household Size and Income Guidelines for Reduced Price Meals Effective July 1, 2022-June 30, 2023

Household size	(2) Income Guidelines for Reduced Price Meals – 185%				
	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
+ for each additional member	8,732	728	364	336	168

- Who can get free or reduced meal benefits?** All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations (FDPIR)] or State TANF, are eligible for meals benefits. Foster children that are under the legal responsibility of a foster care agency or court are eligible for meal benefits. Children may receive meal benefits if your household's income is within the limits on the Federal Income Eligibility Guidelines.
- Do I need to fill out an application for each child?** No. Complete 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: Fort Mill School District, Attn: Tina Englert or Myrtie Patterson at 2233 Deerfield Dr. Fort Mill, SC 29715 or return to your student's school.
- Can homeless, runaway and migrant children get meal benefits?** Yes, Please call Grey Young (803) 548-8421 to see if your child(ren) qualify, if you have not been informed that they will receive meal benefits.
- Should I fill out an application if I received a letter this school year saying my children are approved for meal benefits?** **No,** but please read the letter you got carefully and follow the instructions. Call the Student Nutrition office at 802-1968 if you have questions.
- I get WIC. Can my child(ren) get meal benefits?** Children in households participating in WIC may be eligible for meal benefits. Please fill out an application.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the household income you report.
- 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 receive SNAP, TANF or other benefits. If you lose your job, your child(ren) may be able to get meal benefits.
- What if I disagree with the school's decision about my application?** You should talk with the Student Nutrition office. You also may ask for a hearing by calling or writing to: Tammie Welch 2233 Deerfield Dr., Fort Mill, SC 29715 or 803-548-3549.
- 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 meal benefits.
- 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.
- 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.
- 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.
- Can I apply online?** Yes please visit www.fortmillschools.org and click on the Student Nutrition page and click the link to apply online or use this website- <https://family.titank12.com/application/new?identifier=DGPXT4>
- Can the federal income eligibility guidelines be reviewed online?** Yes. <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>
- 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.
- My family needs more help. Are there other programs we might apply for?** To find out how to apply for South Carolina SNAP or other assistance benefits, contact your local assistance office or call South Carolina Department of Social Services (DSS) at 800-616-1309.

If you have other questions or need help, call **803-802-1968** *Si necesita ayuda, or favor llame al telefono: 803-802-1968. Las aplicaciones estan disponibles.*

Sincerely,
Tammie Welch, Director

INSTRUCTIONS FOR APPLYING

If your student is a Foster Child, Homeless, Migrant, Runaway or in Headstart, follow these instructions: One Application per household

Step 1: List all the names of each child(ren), grade, school they attend and if they are a student, foster child, homeless, migrant or runaway- Check appropriate boxes.

Step 2: Skip this step.

Step 3: Skip this step

Step 4: Contact information and signature. **All applications must be signed by an adult member.**

Step 5: Answer this question if you choose.

If your household receives SNAP or TANF follow these instructions: One Application per household

Step 1: List all the names of each child(ren), grade, school they attend and if they are a student, foster child, homeless, migrant or runaway- Check appropriate boxes.

Step 2: List the case number. This is not your EBT number. Call Case worker if you need your case number.

Step 3: Skip this step

Step 4: Contact information and signature. **All applications must be signed by an adult member.**

Step 5: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, follow these instructions: One Application per household

Step 1: List all the names of each child(ren), grade, school they attend and if they are a student, foster child, homeless, migrant or runaway

Step 2: Skip this part.

Step 3: Report Income for all household members. List all household members not listed in **STEP 1** even if they don't receive any income. If they don't receive income please enter "0"

Total Household Gross Income- You must tell us how much money you make and how often before taxes.

A – Child Income: Sometimes children receive income. Please include the **TOTAL** income earned by all children listed in **STEP 1** here.

B – List all household members not listed in STEP 1 even if they don't receive any income. If they don't receive income please enter "0"

C- Complete the box for the total number of people that live in your household.

D- Last Four Digits of Social Security Number (SSN) of Primary Wage earner OR Other adult household member. **THIS MUST BE ANSWERED OR APPLICATION IS INCOMPLETE**

Step 4: Contact information and signature. **All applications must be signed by an adult member or it is incomplete.**

Step 5: Answer this question if you choose.

*******An application is incomplete if Section D is not answered. You must list either the last four digits of an adult's social security number OR check the box for no social security number.**

******An application is incomplete if it is not signed in the Adult Signature box**

*******The application will be returned if incomplete.**

2022-2023 Fort Mill School District Application for Free and Reduced Price School Meals

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

Apply online at <https://family.titank12.com/application/new?identifier=DGPXT4>

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

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

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one YES NO

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 2x Month Monthly

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	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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C. Total Household Members (Children and Adults)

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

Check here if NO SSN

STEP 4 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

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

STEP 5 OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

*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.*

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language)

should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or*
- 2. Fax: (833) 256-1665 or (202) 690-7442;*
- 3. Email: program_intake@usda.gov.*

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Annual Income _____ Categorical Eligibility _____

Date Received _____

Eligibility Free _____ Reduced _____ Denied _____

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date
