



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, 2023-June 30, 2024

| Household size | (2) Income Guidelines for Reduced Price Meals – 185% | | | | |
|------------------------------|--|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice per month | Every two weeks | Weekly |
| 1 | 26,973 | 2,248 | 1,124 | 1,038 | 519 |
| 2 | 36,482 | 3,041 | 1,521 | 1,404 | 702 |
| 3 | 45,991 | 3,833 | 1,917 | 1,769 | 885 |
| 4 | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 |
| 5 | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 |
| 6 | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 |
| + for each additional member | 9,509 | 793 | 397 | 366 | 183 |

- 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://lingconnect.com/>
- 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.
- My family speaks a different language, who can help me?** Please call 803-802-1968 and we will have language assistance.

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, 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.**

Optional: Answer this question if you choose on the last page below Sources of Income

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, 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.**

Optional: Answer this question if you choose on the last page below Sources of Income

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

Step 1: List all the names of each child(ren), grade, 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"

****See page 4 for Sources and Examples of Income****

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

A- 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"

B – Complete the box for the total number of people that live in your household.

C- 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

D- Check this box if you don't have a Social Security Number.

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

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

OPTIONAL: Answer this question if you choose on last page of application.

*******An application is incomplete if Section C or 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.**



Fort Mill School District Student Nutrition Department
Meal Application 2023-2024

Please Print If you have more students in your household, please include these names on the back of this paper.

Student Last Name _____ First Name _____

Student Last Name _____ First Name _____

Student Last Name _____ First Name _____

Student Last Name _____ First Name _____

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application could be shared with the programs below for which your children may qualify.

For the following programs, we must have your permission to share your information. Completing these questions will not change whether your children receive free or reduced-price meals. This information will be kept confidential and only shared when permission is granted.

1. May we share your meal benefit status with our bookkeeper, so your school fees will be reduced or waived (set to zero)? Yes _____ No _____

2. May we share your meal benefit status with your student's guidance counselor so college application fees may be waived (set to zero)? Yes _____ No _____ N/A _____

3. May we share your meal benefit status with your student's guidance counselor so SAT/ACT fees may be waived (no fee required)? Yes _____ No _____ N/A _____

4. May we share with your student's guidance counselor your free or reduced status to receive tuition for your High School classes taken at York Technical, USCL or Winthrop University? (Tuition would be free) Yes ____ No ____ N/A _____

5. May we share your meal benefit status with your student's guidance counselor so your High School Student can receive information about Work-Based Learning opportunities? Yes _____ No _____ N/A _____

Parent or Guardian Signature _____

Print Name _____

Date _____

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2023-2024 Household Application for Free and Reduced-Price School Meals

APPLY ONLINE: [APPLY ONLINE HERE](#)

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

RETURN TO Fort Mill School District

ADDRESS: 2233 Deerfield Drive, Fort Mill, SC 29715

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

| Child's First Name | MI | Child's Last Name | Grade | Foster Child | Migrant | Runaway | Homeless |
|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | <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"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.
 YES → Write case number here and proceed to STEP 4.
 CASE NUMBER (NOT EBT NUMBER):
 Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 received? | | | | | Public Assistance, Child Support, Alimony | How often received? | | | | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received? | | | |
|--|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | | Weekly | Every 2 Weeks | 2x Month | Monthly | | Weekly | Every 2 Weeks | 2x Month | Monthly |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. Total Household Members (Children and Adults)
 C. Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)
 D. Check if no Social Security Number
 Please see application's back for list of income sources.

E. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income: \$
 Weekly
 Every 2 Weeks
 2X Month
 Monthly
 Annual

STEP 4 Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL or District Office at 2233 Deerfield Drive, Fort Mill, SC 29715**

"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 (confirm) 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."

 Print Name of Adult Signing the Form Signature of Adult Today's Date

 Mailing Address (if available) City State Zip Phone (optional) Email (optional)

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

| Sources of Income | | | Examples of Income for Children |
|---|---|--|--|
| Earnings from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All other sources of income | <ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages 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 |
| <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans' benefits Strike benefits | <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household | |
| | | | <ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust |

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

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

Return this completed form to your child's school. ***Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

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. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

| Weekly | Every 2 Weeks | 2x Month | Monthly | Annual |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Household size

Categorical Eligibility

| Eligibility | | |
|-----------------------|-----------------------|-----------------------|
| Free | Reduced | Denied |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

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:

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.Intake@usda.gov

*** Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.