

500 Tenafly Road, Tenafly, NJ 07670-1795

Mr. Yas Usami
Business Administrator/
Board Secretary

201-816-4505
Fax: 201-569-3711

September 2, 2015

Dear Parent(s)/Guardian(s):

The Tenafly Public School District no longer participates in the Federally Regulated National School Lunch Program. However, the District will continue to offer free and reduced lunch to those students in need. The same State/Federal fiscal guidelines will be used.

Please find the attached:

- Letter to Parent(s)/Guardian(s)
- Application Instructions
- *Household Application for Free and Reduced Meals or Free Milk*
- *Sharing Information with Medicaid or NJ Familycare*

Please complete and return 1) the *Household Application* and 2) *Sharing Information with Medicaid or NJ Familycare*, and return to the school office prior to, or on the first day of school, Tuesday, September 2, 2015, to ensure your child's continuation of lunch benefits at the middle school and high school and milk at the elementary schools.

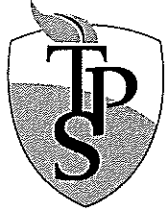
Please note that free and/or reduced lunch will not be provided if the application is not received by September 2,, 2015. You will be responsible for payment until the application is received and approved.

For those students who received free and/or reduced lunch during the 2014-2015 school year, lunch benefits will continue for the first few weeks in September, however, **a new application for the 2015-2016 school year must be completed to determine eligibility for free and/or reduced lunch for the remainder of the 2015-2016 school year.**

If you have any questions, please contact Debe Besold in the Board Office at 500 Tenafly Road, 201-816-4510, dbesold@tenafly.k12.nj.us.

Sincerely,

Yas Usami
Business Administrator/Board Secretary



Tenafly

PUBLIC SCHOOLS

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Board Secretary

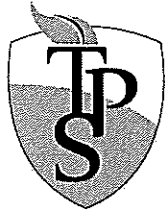
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September 2, 2015

Dear Parent(s)/Guardian(s):

Children need healthy meals to learn. Your child(ren)'s school offers healthy meals every school day. Your children may qualify for free meals or reduced price meals at the middle school and high school and free milk at the elementary schools.

1. DO YOU NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. You can 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 one of your children's schools.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations or, in some States, Temporary Assistance for Needy Families (TANF), can get free meals and/or free milk regardless of your income. Also, your child(ren) can get free meals and/or free milk if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals and/or free milk regardless of income.
4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS AND/OR FREE MILK? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals and/or free milk. If you haven't been told your child(ren) will get free meals and/or free milk, please call or e-mail your child's school to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS OR FREE MILK? Please carefully read the letter you got and follow the instructions. Call your child's school if you have questions.
7. MY CHILD(REN)'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child(ren)'s application is only good for that school year and for the first few weeks of this school year. You must send in a new application unless the school told you that your child(ren) is/are eligible for the new school year.
8. 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 and/or free milk. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.



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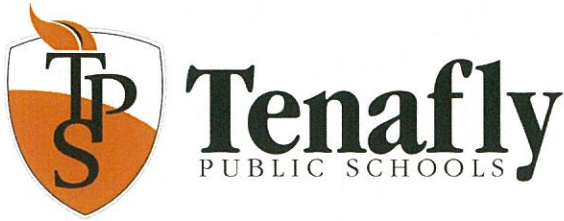
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10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals and/or free milk, if the household income drops below the income limit. If you have any questions, please call **201-816-4510**.
11. 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 to have the decision reviewed.
12. 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 U.S. citizens to qualify for free or reduced meals, and/or free milk.
13. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your child(ren), and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you make \$1,000 per month. If you normally get overtime pay, 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child(ren)'s school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for other assistance benefits, contact your local assistance office.

Sincerely,

Yas Usami
Business Administrator/Board Secretary



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September 2, 2015

Dear Parent(s)/Guardian(s):

All students enrolled in New Jersey public schools must be surveyed. This survey is necessary even if the school does not participate in any of the federally funded Child Nutrition Programs.

Attached is an application to be used for survey purposes. Please fill out this application as soon as possible, sign it and return it to your child's school.

New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ Family Care to determine if your children qualify to participate in this state insurance program. If you do **not** wish to share your information with Medicaid or NJ Family Care you must complete and sign the enclosed information sharing form for Medicaid or NJ Family Care, and return it to your child's school. Contact information for NJ Family Care is listed below:

NJ Family Care www.njfamilycare.org

1-800-701-0710

Contact your child's school if you have any questions. Thank you for your cooperation.

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If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Sincerely,

Yas Usami
Business Administrator/Board Secretary

2015-2016 Application for Free and Reduced Price School Meals

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

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)

Child's First Name	MI	Child's Last Name	[press spacebar to advance]	School Name (Abbr.)	Student? Yes No	Homeless, Migrant, Runaway Foster Child

Click all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Yes No

If you answered NO > Complete STEP 3. If you answered 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)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned 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 income for each source in whole dollars 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	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

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How often? Weekly Bi-Weekly 2x Month Monthly

Check if no SSN

STEP 4 Contact Information and adult signature

Total Household Members (Children and Adults)

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

Street Address (if available) _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Signature of adult responsible for form _____

* 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.

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):

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

Race (check one or more):

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	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.

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individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, **ONLY** if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.