

# School Lunch Program

## Fitness, Nutrition and School Meals

We want to ensure children's access to healthy and nutritious foods during the school day. The district is concerned with the health and fitness levels of children as well as the national increase in child diabetes and severe food allergies. We are committed to safe consumption of food in our schools. The Board adopted a Nutrition and Fitness policy that outlines nutrition standards and fitness expectations. Updated information is available at [www.bham.wednet.edu](http://www.bham.wednet.edu) under "For Families" or check with your child's school.

## Purchasing and Monitoring School Meals

Families can pay for school meals with cash or check at their school. They also may complete the form on the following pages or pick one up at any school. All students receive a five-digit PIN number for school meals. For new students, the number will be printed on a paper card until the student has memorized the PIN. The student will have the same PIN number throughout his/her education in Bellingham schools. Account balances will automatically transfer when students move from school to school within the district.

Families are still able to set a dollar limit on their children's a la carte purchases at the high schools by contacting food services staff at their school.

The computer system can also alert cashiers to students' life-threatening food allergies. Families should contact their school nurse to activate.

Families of all students may use the Web-based ParentConnection system to view their account balances and see what their children have selected to eat from food services. Contact your child's school for information regarding this program.

## Food Services

Nourishing, healthy school breakfasts and lunches are served daily at all schools. A wide variety of foods and meals meeting recommended federal dietary guidelines are offered at all grade levels.

Menus are available at each school and online [www.bham.wednet.edu/departments/foodservices/menus.htm](http://www.bham.wednet.edu/departments/foodservices/menus.htm)

Computerized meal accounts allow for no-hassle deposits and confidentiality.

Please feel free to join your child for breakfast or lunch whenever you desire. There is no need to call ahead.

## Free and Reduced Meals

If you feel that you qualify for free or reduced meals for your child, please complete the application form on the following pages and return it to your child's school.

A new application must be filled out each year. If your family qualified at the close of last year, your child may continue to receive free or reduced meals for the first 30 days of school or until the new application is processed.

Families that did not participate in free or reduced meals last year and are completing an application this year, must pay the full price for meals until the application has been entered into the computer system. A determination letter is sent to all families who apply and will be processed within 10 meal service days after receipt of the application.

Students receiving free or reduced meals are not treated differently or singled out from those paying full price. All students have PIN numbers and account balances show on the computer.

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**Questions about Food Services? Call 676-6504 or 676-6574.**

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## NEW Meal Prices\*

*(All meal prices include milk)*

Elementary Student Breakfast.....	\$1.50	Reduced Price Breakfast.....	FREE
Middle/High School Breakfast.....	\$1.75	K-3 Reduced Price Lunch.....	FREE
Elementary Student Lunch.....	\$2.75	4-12 Reduced Price Lunch.....	\$.40
Middle School Student Lunch.....	\$3.00	Adult Breakfast.....	\$2.25
High School Student Lunch.....	\$3.00	Adult Lunch.....	\$4.00
Milk Only.....	\$.50		

\*Free or reduced price breakfasts and lunches are available for those children whose families meet federal income eligibility requirements. Extra applications are available in the school office or on the Food Services page of the district Web site.

# 2009-10 National School Lunch/Breakfast Program

This is how your children can get free or reduced-price meals and other benefits from the school such as reduced fees for high school ASB cards and sports fees or free health insurance. **Students eligible for reduced-priced meals do not have to pay for breakfast.** The costs of meals at school are:

GRADE LEVEL	REGULAR PRICE			REDUCED PRICE		
	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK
K-3	\$1.50	\$2.75	\$ —	\$0.00	\$0.00	\$ —
4-5	\$1.50	\$2.75	\$ —	\$0.00	\$0.40	\$ —
6-8	\$1.75	\$3.00	\$ —	\$0.00	\$0.40	\$ —
9-12	\$1.75	\$3.00	\$ —	\$0.00	\$0.40	\$ —

All meals meet federal food guidelines. Students who are identified as disabled or have allergies as stated by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance, please contact us.

Look at the chart. Find your household size. **HOUSEHOLD** is: All persons, including parents,

children, grandparents, and all people related or unrelated who live in your home and share living expenses. Do not include foster children. Find your total household income. **TOTAL HOUSEHOLD INCOME** is: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. In certain cases,

foster children are eligible for free and reduced-price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us. The information you give will be used to determine or prove your child's eligibility for free or reduced-price meals. This information may also be used for other state or federally funded school related benefits.

## USDA INCOME GUIDELINES 2009-10 Reduced Price 7/1/2009 to 6/30/2010

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,998	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,863	2,634	1,317
For each additional member add:	+6,919	+577	+289	+267	+134

### WHO SHOULD FILL OUT AN APPLICATION?

If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.

### WHAT MUST BE ON THE APPLICATION?

#### For households not getting Basic Food/TANF/FDPIR:

1. Child's name 2. Names of all household members 3. Income by source for all household members 4. Social security number of the adult household member who signs the application, (or check the "I do not have a social security number" box if the adult signing does not have a social security number) 5. Adult household member's signature

**For a family getting Basic Food /TANF/FDPIR:** 1. Child's name 2. Basic Food, TANF, or FDPIR case number 3. Adult household member's signature **For a foster child:** 1. Child's name (one per application) 2. Child's personal use income 3. Adult's signature

### OTHER BENEFITS

Please check the boxes on the application if you would like the district to use the information on your application to determine your child(ren)'s eligibility for reduced educational fees, high school ASB fees & sports fees, summer school benefits, after school programs such as Boys & Girls Club & Park athletic programs and scholarships.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record Database. Information will include the child's first name, last name, middle initial, and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for

free meals if their schools participate in the U. S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

### PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

### FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Ron Cowan or Brett Greenwood, the fair hearing officials. You have the right to a fair hearing, which may be arranged by calling the school district at this number 360-676-6504.

### REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

### NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audio, etc.) should contact USDA's Target Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# Application for Free and Reduced Price Meals

CHECK THIS BOX IF YOU RECEIVED FREE OR REDUCED MEALS LAST YEAR

FOR OFFICIAL USE ONLY

**1. Complete, sign and return this application to your school office.** List all Bellingham Public School District students living with you except foster children (see Section 3 for foster children). If your child(ren) have a Basic Food, TANF or FDIPIR case number, write each child's case number in the last column. If you list a case number for each child in your household, skip to Section 4. Complete only one application per family.

Student's Last Name		Student's First Name		School	Grade	Basic Food, TANIF, or FDIPIR Case #

**2. List all household members, including students without case numbers.** List the names of EVERYONE in your household, including yourself & any children listed in Part 1. Write the amount of income (earnings BEFORE DEDUCTIONS) each person now gets & how often on the same line as his/her name & where it comes from, such as earnings, welfare, pensions, or other. Income must be reported as weekly, every 2 weeks, twice a month or monthly.

Names of Household Members		Earnings from work (List amount/How Often. Earnings before deductions)		Welfare Payment, Child Support, Alimony (List amount/How Often)	Pensions, Retirement, Social Security Payments (List amount/How Often)	Other Income (List amount/How Often)	Check if NO Income
First	Last	Job 1	Job 2				
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

**3. Foster Child** - List the foster child below. Write "0" if the child has no personal income.

Foster Child's Name	Personal Use Income	School	Grade

**4. Signature and Social Security Number** - I certify that all of the above information is true and correct and that all of the income is reported and/or Basic Food/TANF/FDIPIR case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If you listed a Basic Food, TANF, or FDIPIR number for your child, or are applying for a foster child, a social security number is not needed.

Print Name of adult household member \_\_\_\_\_ Signature of adult household member \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_ Home phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Social Security Number \_\_\_\_\_  Check box if you do not have a social security number. I verify that I do not have a social security number.

Check the appropriate box & sign below to authorize the use of information on this application for obtaining free or reduced fees for:

- Athletic Programs  Summer School
- Full-day kindergarten

Yes! I do need free or low-cost health insurance for my children. Please check this box if you are interested in applying for health coverage including doctor visits, prescriptions, hospital, dental care, eyeglasses and more. Please do not check this box if you already receive Medicaid and get a monthly DSHS green and white cared (coupon). For more information, call (360) 715-6594.

Signature: \_\_\_\_\_

# Bellingham Public Schools 2009-10

**Privacy Act Statement:** National School Lunch Act (Section 9) requires that, unless your child's Basic Food, TANF, or FDPPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**SCHOOL USE ONLY - do not write below this line**

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

**LEA APPROVAL**

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Income \$ \_\_\_\_\_ Total Household Size: \_\_\_\_\_

Income Approved by (check one):  weekly  every two weeks  twice a month  monthly  annual

**APPLICATION APPROVED FOR:**

- Free meals
- Reduced priced meals

**TEMPORARY APPROVAL FOR:**

- Free meals
  - Reduced Price
- Date Temporary Approval Expires: \_\_\_\_\_

**APPLICATION DENIED BECAUSE:**

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other

Date Notice Sent \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION: Verification procedures must not delay approval of application.**

<b>Date Selected for Verification</b>	Response Due from Household	Notes:	Comments:
<b>Date Confirmation Review Completed</b>	Second Notice Sent		
<b>First Notice Sent</b>	Response Due from Household		
	(also date of termination if no response)		
<b>INCOME</b>	<b>COMMENTS</b>	<b>RESULTS</b>	<b>REASONS FOR ELIGIBILITY CHANGE</b>
\$ _____		No Change	Income
Wage Stubbs		Free to Reduced	Household Size
Written Documents		Ineligible	Refuse to Cooperate
Collateral Contact		Reduced to Free	Other:
Agency Records		Free to Paid	
Other		Reduced to Paid	

Date of Change \_\_\_\_\_

Date Adverse Notice Sent \_\_\_\_\_

Signature of Verifying Official \_\_\_\_\_

Date \_\_\_\_\_