



DEPARTMENT OF DEFENSE
DOMESTIC DEPENDENT ELEMENTARY AND SECONDARY SCHOOLS
SOUTH CAROLINA/FORT STEWART SCHOOL SYSTEM
376 DAVIS AVENUE, FORT STEWART, GEORGIA 31315-1033
Telephone (912) 369-6691 Fax (912) 876-8417

July 14, 2006

MEMORANDUM FOR PARENTS

SUBJECT: School Meal Program Requirements for SY 2006-2007

The enclosed information and forms are provided so that you may apply for Free or Reduced Price Meals from the Fort Stewart DDESS Schools Cafeterias. The applications provided are **family applications**. You need only submit one application per household even if you have students in more than one Fort Stewart School.

Please be aware that due to escalating operating costs the Fort Stewart Schools have had to increase the price for a full pay student lunch meal to \$1.60, a \$0.35 increase over last year. The price for breakfast remains \$0.75.

In an effort to recoup unpaid meal charges we are implementing a payroll deduction procedure this year. Student meal accounts that go 30 days past due are subject to payroll deduction from the sponsor's military pay. There is a \$15.00 administrative charge for this action.

The Points of Contact for the Fort Stewart Schools meals programs are Lynette Morgan at 408-3088 and David Foppe at 843.846.6105 x 113 email David.Foppe@am.dodea.edu.

A handwritten signature in black ink, reading "David K. Foppe", is positioned above the printed name and title.

DAVID K. FOPPE
Food Service Director

Dear Parent/Guardian:

Children need healthy meals to learn. **Fort Stewart Schools** offers healthy meals every school day. Breakfast costs **\$0.75**; lunch costs **[\$1.60]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **[\$0.30]** for breakfast and **[\$0.40]** for lunch.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. 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 the school office or cafeteria office where your child attends school.**

2. Who can get free meals? Children in households getting FoodShare or W-2 cash benefits and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

3. Public Schools Only: Can homeless, runaway and migrant children get free meals? Please call **David Foppe at 843.846.6105 x113** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the Food Service Office at 408-3088 or 843.846.6105 x113 if you have questions.

6. 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. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. 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 start getting FoodShare, W-2 cash benefits or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. 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: **Food Service Director, 376 Davis Avenue, Fort Stewart GA 31315, 408-3088** or to the **Assistant Superintendent, Fort Stewart Schools, 376 Davis Avenue, Fort Stewart, GA 31315 369-6691.**

10. 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 free or reduced price meals.

11. 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.

12. 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.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **408-3088 or 843.846.6105 x113.**

*Si necesita ayuda, por favor llame al teléfono: **408-3088 or 843.846.6105 x113.***

*Si vous voudriez d'aide, contactez nous au numero: **408-3088 or 843.846.6105 x113.***

INSTRUCTIONS FOR APPLYING

If your household gets FOODSHARE OR W-2 CASH BENEFITS, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

For Public Schools Only

If you are applying for a child that is HOMELESS, MIGRANT or a RUNAWAY, follow these instructions:

Check the appropriate box in **Part 2** and contact [your school, homeless liaison, migrant coordinator].

Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2006-2007					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$18,130	\$1,511	\$756	\$698	\$349
2	24,420	2,035	1,018	940	470
3	30,710	2,560	1,280	1,182	591
4	37,000	3,084	1,542	1,424	712
5	43,290	3,608	1,804	1,665	833
6	49,580	4,132	2,066	1,907	954
7	55,870	4,656	2,328	2,149	1,075
8	62,160	5,180	2,590	2,391	1,196
Each Additional person:	6,290	525	263	242	121

Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare Program, Temporary Assistance for Needy Families (W-2 cash benefits) 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)					
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 5 if you list one of the above.		
			Case #		
			Case #		
			Case #		
			Case #		
			Case #		
DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are <i>not</i> receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.					
Part 2. Homeless/Migrant/Runaway (For Public Schools Only)					
If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>					
Part 3. Foster Child					
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.					
Part 4. Total Household Gross Income—You must tell us how much and how often					
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<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"/>
Part 5. Signature and Social Security Number (Adult must sign)					
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)					
<i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>					
Sign here: X _____ Print name: _____ Date: _____					
Address: _____ Phone Number: _____					
Social Security Number: ____ - ____ - ____ <input type="checkbox"/> I do not have a Social Security Number					
Part 6. Children's racial and ethnic identities (optional)					
<u>Mark one or more racial identities:</u>			<u>Mark one ethnic identity:</u>		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Not Hispanic or Latino		
<input type="checkbox"/> Black or African American <input type="checkbox"/> Other					
Don't fill out this part. This is for school use only.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____					
Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____					
Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)					
Determining Official's Signature: _____ Date: _____					
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____					

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MEMORANDUM FOR PARENTS

Subject: Collection of Student Meal Charges

It is the policy of the Fort Stewart Elementary Schools to not deny a meal to a child due to lack of funds. We will allow a child to eat lunch and breakfast meals if his or her account is in a zero or negative balance. Low balance and negative balance notices are sent home with children twice a week. If an account becomes three meals delinquent the Cashier will attempt to telephonically notify the parents so that the account can be brought up to date. If the number of charges reaches five, the Assistant Food Service Director will notify the parents via the mails. That notification will also inform the parents that if the account is not brought up to date within 30 days of the date of the letter, **payroll deduction procedures will be initiated.** There is a \$15.00 service charge associated with payroll deduction. Once a payroll deduction action has been initiated, it is irreversible.

Parents are responsible for all of their child(ren)'s meal charges. Parents can avoid meal charges in two ways: ensuring that their child(ren)'s accounts are pre-funded and by not allowing their child(ren) to charge meals. If parents wish to deny their child(ren) the privilege of charging meals, they must notify the Cashier in writing. We will not deny any child a meal without the specific written direction of the parent.



DAVID K. FOPPE
Food Service Director

Please do not allow the below listed children to charge meals:

Student	Teacher	Breakfast	Lunch
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I acknowledge that I have read and understand this memorandum

_____	_____	_____
Printed Name	Signature	Date