



*Family Foundations Academy Charter School*  
1101 Delaware Street, New Castle, DE 19720  
Phone: 302-324-8901 \* Fax: 302-324-8908

Dr. Tennell Brewington  
Director

Mr. Sean P. Moore  
Director of Finance  
and Operations

Dear Parent/Guardian:

Children need healthy meals to learn. **Family Foundations Academy** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$3.00**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. **DO I NEED TO FILL OUT A MEAL BENEFIT FORM (MBF) FOR EACH CHILD?** No. Complete the MBF to apply for free or reduced price meals. *Use one Free and Reduced Price School MBF for all students in your household.* We cannot approve a MBF that is not complete, so be sure to fill out all required information. Return the completed application to: **Ms. Marshae Pulliam, Meal Program Coordinator, Family Foundations Academy, 1101 Delaware Street, New Castle, DE 19720.**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from DE-SNAP or DE-TANF, can get free meals regardless of your income. Also, your children can get free meals 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 regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Mrs. Sylvia Roberts, Homeless Liaison**, [sroberts@ffa.k12.de.us](mailto:sroberts@ffa.k12.de.us) or **302-324-8901 x 259** to see if they qualify.
5. **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 Eligibility Income Chart, shown on this application.
6. **SHOULD I FILL OUT A MBF IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **302-324-8901 x 262** if you have questions.
7. **MY CHILD'S MBF WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's MBF is only good for that school year and valid until September 30, 2011.
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. Please fill out a MBF.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
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 and reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY MBF?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. Sean P. Moore, Family Foundations Academy, 1101 Delaware Street, 302-324-8901 x 246, [smoore@ffa.k12.de.us](mailto:smoore@ffa.k12.de.us).**

(Please read the other side for more info)

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 price meals.
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 children, 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 \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, 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 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 **DE-SNAP** or other assistance benefits, contact your local assistance office or call **SNAP hotline number at 1-800-464-4367**.
18. WHAT IF I WAS APPROVED FOR FREE AND/OR REDUCED MEALS AFTER SCHOOL HAS STARTED? You will be responsible for the (outstanding) balance due before your application was approved. In addition, if there was a balance due at the end of the previous school year, you will be held responsible for the balance due, also.

If you have other questions or need help, call **302-324-8901 x 262**.

Sincerely,

Ms. Marshae Pulliam,  
Meal Program Coordinator

(Please read the other side for more info)



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## INSTRUCTIONS FOR APPLYING

*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM **DE-SNAP** OR **DE-TANF**, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** List the case number for any household member (including adults) receiving **DE-SNAP** or **DE-TANF** benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Check "No" if you do not want information from the Free & Reduced Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP).

**Part 6:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 7:** Answer this section if you choose to.

### IF NO ONE IN YOUR HOUSEHOLD GETS **DE-SNAP** or **DE-TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the name of school for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Mrs. Sylvia Roberts, Homeless Liaison, [sroberts@ffa.k12.de.us](mailto:sroberts@ffa.k12.de.us) or at 302-324-8901 x 259.**

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

**Part 5:** Check "No" if you do not want information from the Free & Reduced Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP).

**Part 6:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 7:** Answer this section if you choose to.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

**if all children in the household are foster children:**

**Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Check "No" if you do not want information from the Free & Reduced Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP).

**Part 6:** Sign the form. The last four digits of a Social Security Number are not necessary.

**Part 7:** Answer this section if you choose to.

**if some of the children in the household are foster children:**

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Mrs. Sylvia Roberts, Homeless Liaison, [sroberts@ffa.k12.de.us](mailto:sroberts@ffa.k12.de.us) or at 302-324-8901 x 259.** If not, skip this part.

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

- **Box 1-Name:** List all household members with income.

(Please read the other side for more info)

- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Check “No” if you do not want information from the Free & Reduced Meal Benefit Form shared with Medicaid or the State Children’s Health Insurance Program (CHIP).

**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

**Part 7:** Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:
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**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the “No Income” box.

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Mrs. Sylvia Roberts, Homeless Liaison**, [sroberts@ffa.k12.de.us](mailto:sroberts@ffa.k12.de.us) or **302-324-8901 x 259**. If not, skip this part.

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

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** Check “No” if you do not want information from the Free & Reduced Meal Benefit Form shared with Medicaid or the State Children’s Health Insurance Program (CHIP).

**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

**Part 7:** Answer this question, if you choose.

**FAMILY FOUNDATIONS ACADEMY  
SCHOOL YEAR 2011 - 2012  
FREE AND REDUCED PRICE SCHOOL MEAL BENEFIT FORM**

PART 1. ALL HOUSEHOLD MEMBERS			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
		<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"/>

Part 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES DE-SNAP OR DE-TANF Cash Assistance, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 7. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL FFA, Mrs. Sylvia Roberts, homeless liaison/t coordinator at 302-324-8901 x 259 HOMELESS  MIGRANT  RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

PART 5.  NO! I DO NOT want information from my Free and Reduced Price Meal Benefit Form shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.

PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)  
An adult household member must sign the MBF. If Part 4 is completed, the adult signing the form also must list the last four digits of 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 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.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

PART 7. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**DO NOT 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:  Week,  Every 2 Weeks,  Twice A Month,  Month,  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: \_\_\_\_\_  
Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

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 meal benefit form. 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) or Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations () case number or other 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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."

April 2011