



Dear Parent,

The School Breakfast Program (SBP) provides cash assistance to states to operate nonprofit programs in schools and residential childcare institutions. The U.S. Department of Agriculture's (USDA) Food and Nutrition service administers the SBP at the Federal level. State education agencies administer the SBP at the state level, and local school food authorities operate the program in schools. The National School Lunch Program (NSLP) (<http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. **While 21CCCS does not provide school meals, families that qualify for this program are eligible for additional benefits such as:** low-cost Internet access (i.e. Comcast Internet Essentials offers high-speed Internet service for \$9.95 a month plus tax), free or low-cost healthcare coverage (<http://www.chipcoverspakids.com/eligibility-and-requirements/>), and aid for college bound-students (i.e. fee reduction or waiver for SAT, ACT).

In order to receive these benefits please complete the application on the next page. You have the right to decline these benefits by checking the box at the bottom of the next page accompanied by your signature.

Please note If you or a member of your household receives benefits through the following assistance programs all children in the household will be automatically eligible for free school meals. These programs include: Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), and Temporary Assistance for Needy Families (TANF). Your case number is required in order for verification. If you have any questions or need help, please contact Megan Stellfox at mstellfox@21cccs.org.

INCOME ELIGIBILITY GUIDELINES											
July 1, 2016 – June 30, 2017											
(As announced by the United States Department of Agriculture)											
HOUSE-HOLD SIZE	FREE MEALS OR MILK					HOUSE-HOLD SIZE	REDUCED PRICE MEALS				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	1	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
Each Additional Household Member	5,408	451	226	208	104	Each Additional Household Member	7,696	642	321	296	148

Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application

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

STEP 1 — All Children in School in the Household

Student ID	Last Name	First Name	MI	Date of Birth	Grade	F	H	M	R	HS
						<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"/>	<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"/>

F = Foster, H = Homeless, R = Runaway, M = Migrant, and HS = Head Start

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write the case number then skip to STEP 4.

Case Number:

--	--	--	--	--	--	--	--	--	--	--	--

STEP 3 — All Household Member Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly					
	Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M
		W E T M		W E T M		W E T M

Total Household Size
(Children and Adults)

--	--	--	--	--	--

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

--	--	--	--

Check if no SSN

STEP 4 — Contact Information and Adult Signature

"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."

Printed name of adult completing the form

Signature of adult completing the form

Today's Date

--

X											
---	--	--	--	--	--	--	--	--	--	--	--

M	M	D	D	Y	Y
---	---	---	---	---	---

Street Address (if available)

City

State

ZIP Code

--

--	--	--	--	--	--	--	--

P	A				
---	---	--	--	--	--

Home Phone Number

Work Phone Number

Email

--

--

--

OPTIONAL — Children's Racial and Ethnic Identities

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White

