



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 (FDPPIR), 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](mailto:mstellfox@21cccs.org).

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2021 to June 30, 2022											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1	12,880	23,828	1,986	993	917	459	16,744	1,396	698	644	322
2	17,420	32,227	2,686	1,343	1,240	620	22,848	1,888	944	871	436
3	21,960	40,626	3,386	1,693	1,563	782	28,548	2,379	1,190	1,098	549
4	26,500	49,025	4,086	2,043	1,886	943	34,450	2,871	1,436	1,325	663
5	31,040	57,424	4,786	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776
6	35,580	65,823	5,486	2,743	2,532	1,266	46,254	3,855	1,928	1,779	890
7	40,120	74,222	6,186	3,093	2,855	1,428	52,156	4,347	2,174	2,006	1,003
8	44,660	82,621	6,886	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117
For each add'l family member, add	4,540	8,399	700	350	324	162	5,902	492	246	227	114

**Pennsylvania Free and Reduced Price School Meals/Special Milk Program Household Application**  
 Complete one application per household.

SP

Check here if you would like to opt out of this program (you will still need to sign this application)

**Step 1 - All Children in School in the Household**

Name (Last, First, MI)	Date of Birth	Grade	F	H	M	R	HS
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~~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, TANF, or FDIPIR?

Case Number

No Yes

If you answered NO > Complete Step 3. If you answered YES > enter the case number and s step 4.

**Step 3 - All Household Member Income (Skip this step if you answered "YES" in step 2)**

List all household member (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" leave any fields blank, you are certifying (promising) that there is no income to report.

Gross income and how often it is received: W = Weekly; E = Every 2 weeks; T = Twice a month; M = Monthly

Household member name  
(First and Last)

Earnings from Work	How Often?	Public Assistance/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ All other income	How Often?
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Total Household Size  
(Children and Adults)

Last Four Digits of Social Security Number of Primary Wage Earner or Another Adult Household Member.

Check if no SSN

**Continue on the next page**