



1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083-1027
678-676-1200

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Attention:
Parents/Guardians

Completing an application for the first time:

Thank you for submitting a meal application. **Students will be required to pay for his/her meals (breakfast/lunch) until the application is approved.** School Nutrition Services will expedite the process which should take up to ten (10) working days. **Payment for meals during this period will be your responsibility,** (Note: Meal prices for **Breakfast** - Elementary \$1.75, Middle and High \$1.85 **Lunch** – Elementary \$2.85, Middle, and High \$3.00).

Charge Policy of DeKalb County School District: Students in elementary schools will be allowed to charge 3 breakfasts and 3 lunches. Middle and high school students will not be allowed to charge meals and/or a la carte items.

If you completed an application last year (SY2022-2023):

Your SY 2022-2023 meal application will expire on September 18, 2023. It is important that you submit a current school year meal application before the expiration date to avoid payment for meals. Please allow ample time (10 working days) for processing.

Free and Reduced Web-based Meal Applications for SY 2023-2024 will be available, After July 1, 2023. Please visit the website at <http://schoolcafe.com> to complete an application. A manual meal application can be obtained at each school.

Meal Application Notification of Eligibility letters will be emailed to the current email address on your student(s) permanent record at the school level or sent to the school for distribution. Students will take home the letter of notification to the parent(s) as received.

Thank you for your cooperation.

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 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), Temporary Assistance for Needy Families (TANF) 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: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov.

Dear Parent/Guardian:

Children need nutritious meals to learn. **DeKalb County School District** offers nutritious meals every school day. Students may buy lunch for \$2.85 elementary, \$3.00 middle/high and breakfast \$1.75 elementary and \$1.85 middle/high. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get free or reduced-price meals?

- All children in households receiving benefits from SNAP, FDPIR, Medicaid, or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Family Size	Annually	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member add:	+9,509	+793	+397	+366	+183

- 2. How do I know if my children qualify as homeless, migrant, or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact DeKalb County Schools social work department at 678-676-1804.
- 3. Do I need to fill out an application for each child?** **No.** 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 Nutrition Manager at your youngest child(ren) school.**
- 4. Should I fill out an application if I received a letter this school year stating my child(ren) are already approved for free meals?** **No,** this indicates you are State Certified for the New School Year. Please read the letter you receive carefully and follow the instructions. If any children in your household were missing from your eligibility notification, please add their names and return the letter to the youngest child school. Contact the School Nutrition Manager at your child's school if you have questions.
- 5. Can I apply online?** **Yes.** You are encouraged to complete an online application instead of a paper application. You can obtain a paper application from the **School Nutrition Manager at your Child(ren) School.** The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://schoolcafe.com> to begin or to learn more about the online application process. If you have any questions about the online application or paper application, contact **Geraldine Thomas, Free and Reduced Supervisor at 678-676-1778 or email: geraldine_thomas@dekabschools.org.**
- 6. My child's application was approved last year. Do I need to fill out a new one?** **Yes.** A new application must be submitted each year. Last year's application has a grace period of 30 days. The deadline submission of a new application is September 18, 2023. If you do not send in a new application that is approved by the school official or you have not been notified that your child is eligible for free meals, your child will be charged the full meal price.
- 7. I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in a completed application.
- 8. Will the information I provide be checked?** **Yes.** We may also ask you to send written proof of the household income you report.
- 9. 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.
- 10. What if I disagree with the school's decision about my application?** You also may ask for a hearing by calling **(678-676-1786)** or writing to: **Dr. Connie R. Walker, Executive Director, DeKalb School Nutrition Services, 1780 Montreal Road, Tucker, Ga. 30084.**
- 11. May I apply if someone in my household is not a U.S. citizen?** **Yes.** You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
- 12. 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.
- 13. What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. What if there isn't enough space on the application for my family?** Complete Step 3 (ONLY) and attach it to your completed application. Contact your child School Nutrition Manager to receive a second application.
- 16. My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call **1-877-423-4746.**
- 17. What if my child attends a CEP School then transfer to a Non-CEP School?** If the student transfers to a non-CEP school the parent must submit an application. It can take up to 10 days for applications to be approved. Students transferring from a CEP school to a non-CEP school will be given a 10-day grace period to eat meals at no cost. After 10 days the student will change to Paid status. The parent is responsible for all meal charges that may incur after the grace period and before application is processed.

If you have other questions or need help, contact **Geraldine Thomas, Free and Reduced Supervisor II, at 678-676-1778 or email: geraldine_thomas@dekabschools.org.**

Sincerely,

Dr. Connie R. Walker, Executive Director, DeKalb School Nutrition Services

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **DeKalb County School District**. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Geraldine Thomas, Free and Reduced Supervisor II** at 678-676-1778 or email: geraldine_thomas@dekalbschoolsga.org.

PLEASE USE A BLACK/BLUE PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL CHILDREN ENROLLED IN DEKALB COUNTY SCHOOL DISTRICT IN THE HOUSEHOLD.

Tell us how many children in school live in your household. They do NOT have to be related to you to be a part of your household. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children aged 18 or under AND are supported with the household's income.
 - In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start.
- A) **List each student's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- B) **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are applying for both foster and non-foster children, go to step 3.
- C) **Are any children homeless, migrant, runaway, Medicaid, or Head Start?** If you believe any child listed in this section meets this description, mark the corresponding box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SUPPLEMENTAL NUTRITION PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)?

- A) **IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'NO' and proceed to STEP 3 on these instructions and STEP 3 on your application.**
- B) **IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS: Circle 'YES' and provide the case number.** You only need to write one case number. If you participate in one of these programs and do not know your case number, contact **DFAC** or your local **Case Manager**. You **must** provide a case number on your application if you circled "YES". **Skip to STEP 4.**

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS.

- A) **LIST TOTAL STUDENT INCOME** received by all students listed in STEP 1.
- B) **LIST ALL HOUSEHOLD MEMBERS (including yourself and students listed in Part 1)** who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do not include** individuals who live with you but are not supported by your household's income AND do not contribute income to your household.
- C) **REPORT TOTAL INCOME** for each household member listed for each source provided. Report all income in whole dollars. Do not include cents. If they do not receive income from any source, write "0". If you write "0" or leave any income fields blank, you are certifying (promising) that there is no income to report. Mark how often each type of income is received by using the boxes to the right of each field.
- **Report all amounts in GROSS INCOME ONLY.** Gross income is the total income received before taxes; many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
 - **What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.
- D) **REPORT TOTAL HOUSEHOLD SIZE.** Enter the total number of household members in the field "Total Household Size (Children and Adults)." This number **MUST** be equal to the number of household members listed in STEP 3. If there are any members of your household that you have not listed on the application, go back, and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.
- E) **PROVIDE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.** The household's primary wage earner or another adult household member must provide the last four digits of his/her Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. Your signature certifies that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements at the bottom of these instructions.**

- A) **PROVIDE YOUR CONTACT INFORMATION.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
- B) **PRINT AND SIGN YOUR NAME.** Print the name of the adult completing the application. Sign your name in the Signature Box.
- C) **WRITE TODAY'S DATE.** In the space provided. Write today's date in the box.
- D) **SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL).** At the bottom of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

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DeKalb County School District
2023 - 2024 Family Application for Meal Benefits

For faster approval, apply online at
<https://schoolcafe.com>

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

STEP 1 — Student's Information — List all DeKalb County Schools students living with you

Student ID (optional)	Last Name	First Name	MI	Date of Birth	Grade (Optional)	Foster	Homeless	Migrant	Runaway	Medicaid
				M M D D Y Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M M D D Y Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Students enrolled in schools participating in the Community Eligibility Provision (CEP) will receive no cost meals regardless of the completion or eligibility determination of this application.

STEP 2 — Assistance Programs

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

If you answered **NO** > Complete STEP 3. If you answered **YES** > Provide your case number or Member ID Number, then skip to STEP 4.

Case Number
or Member ID
Number

No EBT Card Numbers

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

Please read **How To Apply for Free and Reduced Price School Meals** for more information. The "Sources of Income for Children" section will help you with the Child Income question. The "Sources of Income for Adults" section will help you with the All Adult Household Members section.

A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all students listed in Step 1 here.

Child Income

How Often?

W E T M

W E T M

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

B. List all household members not listed in Step 1 (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.

Adult Household Members Name
(First and Last)

Earnings from Work

How Often?

W E T M

Public Assistance /
Child Support / Alimony

How Often?

W E T M

Pensions / Retirement /
All Other Income

How Often?

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

M M D D Y Y

Street Address (if available)

City

State

G A

ZIP Code

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



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This institution is an equal opportunity provider.