

TULLY CENTRAL SCHOOLS

P.O. BOX 628

TULLY, NEW YORK 13159-0628

CURT CZARNIAK
High School Principal
315-696-6235

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Business Administrator
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Assistant Principal/Director of Special Education
315-696-6213

September 7, 2005

Dear Parent/Guardian:

Children need healthy meals to learn. Tully Central Schools offers healthy meals every school day. Breakfast costs \$.85 in the Elementary and \$1.00 in the Jr./Sr. High School. Lunch costs \$1.40 in the Elementary and \$1.50 in the Jr./Sr. High School. Children from households that meet Federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$.25 for lunch and \$.25 for breakfast. To apply for free or reduced price meals, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance OR complete the enclosed application, sign it, and return it to the school cafeteria as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information.

How to Apply: To get free or reduced price meals for your children, you may submit a Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, **OR** carefully complete the application and return it to the school. If you now receive food stamps, or Aid to Dependent Children (ADC/Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, ADC/TANF or FDPIR number and the signature of an adult household member. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers. If you do not list a food stamp/ADC/TANF or FDPIR number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and that adult's social security number, or the word "none" if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF number or complete the income portion of the application.

Income Chart: The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the Income Chart below, your children can get reduced price meals, and may be eligible to receive free meals.

REDUCED PRICE ELIGIBILITY INCOME CHART

Effective from July 1, 2005 to June 30, 2006

<u>Household Size</u>	<u>Annual</u>	<u>Month</u>	<u>2 Weeks</u>	<u>Every Week</u>
1	\$17,705	\$1,476	\$681	\$341
2	23,736	1,978	913	457
3	29,767	2,481	1,145	573
4	35,798	2,984	1,377	689
5	41,829	3,486	1,609	805
6	47,860	3,989	1,841	921
7	53,891	4,491	2,073	1,037
8	59,922	4,994	2,305	1,153
For each additional family member add..	+ 6,031	+ 503	+ 232	+ 116

Verification: The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing, if you have been selected for Verification. School officials may ask you to send papers showing that your child should receive free or reduce price meals.

Reporting Changes: If you list income information and your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month, \$600 per year or when your household size decreases. If you list a food stamp case number, ADC/TANF or FDPIR number, you must tell the school when you no longer receive food stamps or ADC/TANF for your child or you no longer participate in the FDPIR. You may then fill out another application giving income information.

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

Foster Child: Your foster child may be eligible for meal benefits. An application for a foster child must have the child's name, the child's personal use income and an adult signature. If you have questions, contact the school for help with the application.

Nondiscrimination 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 20250-941- or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Fair Hearing: If you do not agree with the school's decision on your application or the result of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. This can be done by calling or writing the following official:

Lawrence A. Dismore, Superintendent
20 State Street, P.O. Box 628
Tully, NY 13159
315-696-6204

Meal Service to Children With Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and Federal, State or local education agency, provided the State or local education agency administers the program, and Federal State or local nutrition programs similar to the National School Lunch Program. Additionally, all information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CAN); including the National School Lunch and School Breakfast Programs, the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes and federal State or Local law enforcement officials investigating alleged violation of the programs under the NSLA or CAN.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

Reapplication: You may apply for benefits any time during the school year. Also, if you are not eligible now, but during the school year become unemployed, have a decrease in household income, or an increase in family size, you may request and complete an application at that time.

We will let you know when your application is approved or denied.

Sincerely,
James Rodems
Business Administrator

COMPLETE ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

F R D
 School Year 2005-2006
 Date Withdrew _____

FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to _____. Call _____ if you need help. For additional names, list on a sheet of paper.

1. CHILDREN IN SCHOOL: (Complete a separate application for each foster child.)

Children's Names (Last, First, MI)	Grade/Teacher	School

2. FOSTER CHILD: If the above named child is the legal responsibility of a welfare agency or court, check this box.
 List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF): Complete this section and sign the application in Part 5 OR submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, **not the number on your benefit card.**
 Food Stamp Case #: _____ TANF/FDPIR Case #: _____

4. HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME: If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples	<u>CURRENT INCOME/PAY PERIOD</u>			
	Examples: \$100/weekly, \$100/bi-weekly, \$100/2x per month, \$100/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
List the names of everyone in your household	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
2. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
3. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
4. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
5. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
6. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
7. _____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

5. SIGNATURE: An adult household member **MUST** sign the application before it can be approved.
 I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: _____ DATE: _____ SOCIAL SECURITY # _____ - -

Home Telephone _____ Work Telephone _____ Mailing Address _____ Zip Code _____

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application must provide his/her Social Security number.

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS):
 WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; MONTHLY X 12

FOOD STAMP, TANF, FOSTER CHILD
 INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____
 Application APPROVED for: Free Meals Reduced Price Meals
 Temporary Free (expires in 45 days) ____/____/____ Application DENIED
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____