
MOUNT ZION CHRISTIAN ACADEMY

HOME OF THE MIGHTY WARRIORS – “ACHIEVING EXCELLENCE THROUGH JESUS CHRIST”

3519 FAYETTEVILLE STREET

DURHAM, NC 27707

TELEPHONE (919) 688-4245 EXT. 243/244 FAX (919) 688-2201

APOSTLE DONALD Q. FOZARD, SR., SUPERINTENDENT

Dear Parent/Guardian:

Children need healthy meals to learn. **Mount Zion Christian 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 **\$0.30** for breakfast and **\$0.40** for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. 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: **Sharon Evans, 3519 Fayetteville Street, Durham, NC 27707, (919) 688-4245.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Food and Nutrition Services, formerly known as The Food Stamp Program, the Food Distribution Program on Indian Reservations or TANF/Work First 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 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 **Sharon Evans, (919) 688-4245, admin@mzcadurham.org** 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 AN APPLICATION 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 **(919) 688-4245** if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
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 an application.
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 APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Peggy A. McIlwain, 3519 Fayetteville Street, Durham, NC 27707, (919) 688-4245, admin@mzcadurham.org.**
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 do not support, who do not share income with you or your children, and who pay a prorated 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 Food and Nutrition Services, formerly known as The Food Stamp Program or other assistance benefits, contact your local assistance office or call The Careline phone number (1-800-662-7030).

If you have other questions or need help, call **(919) 688-4245**.

Si necesita ayuda, por favor llame al teléfono: **(919) 688-4245**

Si vous voudriez d'aide, contactez nous au numero: **(919) 688-4245**

Sincerely,

Mrs. Sharon F. Evans, CN Director

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 Food and Nutrition Services (FNS, formerly known as the Food Stamp Program), 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: 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.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

If your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDPIR, or gets TANF/Work First, follow these instructions:

Part 1: List child(ren)'s name, school name, and grade.

Part 2: List the name and case number for any household member receiving FNS, FDPIR and TANF/Work First. Note: The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly known as The Food Stamp Program) Case number, contact your local Department of Social Services to get the number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 6: Answer this question, if you choose.

If no one in your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDPIR, or gets TANF/Work First, and if any child in your household is homeless, a migrant or runaway, follow these instructions

Part 1: List child(ren)'s name, school name, and grade.

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 **Sharon F. Evans (919) 688-4245**

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

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question, if you choose.

If you are applying for a foster child, follow these instructions:

If all children in the household are foster children:

Part 1: List child(ren)'s name, school name, and grade and check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question, if you choose.

If one or more of the children in the household are foster children:

Part 1: List child(ren)'s name, school name, and grade and check the box indicating that 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 **Sharon F. Evans (919) 688-4245** 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 member names.
- **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 FNS, FDPIR, 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.
- **Box 3- Check if no income:** If the person does not have any income, check the box

Part 5: 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 6: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade and check foster child, if applicable.

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 **Sharon F. Evans, (919) 688-4245**. 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 names.
- **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 FNS, FDPIR, 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.
- **Box 3—Check if no income:** If the person does not have any income, check the box.

Part 5: 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 6: Answer this question, if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School including foster children

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Foster Child <small>(Check if the child is considered as a legal responsibility of welfare agency or court)</small> NOTE: If all children listed are foster children, skip to Part 5.
			<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 Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and case number for the person who receives benefits and **SKIP to Part 5**. **If no one receives these benefits, SKIP to Part 3.**

Name: _____ Case Number: _____

Part 3. Homeless, Migrant, Runaway Children

If the child you are applying for is homeless, migrant, runaway check the appropriate box and call **Sharon Evans, (919 688-4245)**

Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name <small>(List the names of EVERYONE in household including the students listed above)</small> <i>(Example)</i> Jane Smith	2. Gross income and how often it was received. (Use exact income including cents.) <i>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</i>				3. Check if NO income <input type="checkbox"/>
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income	
	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$75.00 per month	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also 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: X _____ Print name: _____ Date: _____

Address: _____ City _____ State _____ Zip _____ Phone Number: _____

Last four digits of Social Security Number: ***-**-____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

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: _____

FEDERAL INCOME CHART					
Effective For School Year July 1, 2011- June 30, 2012					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

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

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 Food and Nutrition Services (FNS, formerly known as the Food Stamp Program), 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: 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.

NOTICE OF DIRECT CERTIFICATION

Mount Zion Christian Academy
3519 Fayetteville Street, Durham, NC 27707
(919) 688-4245

Dear Parent /Guardian,

The student(s) identified below is automatically approved for free school meals based on his or her eligibility for Food and Nutrition Services (FNS), formerly known as Food Stamp) or Temporary Assistance to Needy Families (TANF) benefits. **You are not required to complete an application for Free/Reduced Price Meals for these Children.**

Name of Student(s)	Date of Birth	School

IF YOU HAVE A CHILD ENROLLED IN SCHOOL WHO IS NOT LISTED ABOVE, YOU MUST CONTACT THE SCHOOL IMMEDIATELY AT THE NUMBER SHOWN BELOW TO ENSURE YOUR CHILD RECEIVES FREE MEALS.

The free meal benefits for the student(s) will begin the first day of school.

If there are other children living in your household that are enrolled in **Mount Zion Christian Academy** schools and are not listed above please contact the Child Nutrition Office immediately **(919) 688-4245** because these children may be eligible for free meals at school.

If you **DO NOT** want your child to receive the free meal benefits, please check the space below and mail this letter back to:

Child Nutrition Services
3519 Fayetteville Street
Durham, NC 27707

_____ I do not want my child(ren) listed above to receive free meals.

You may also call the Child Nutrition Office at **(919) 688-4245** to notify the school that you do not want your child to receive free meal benefits.

Parent/Guardian Signature: _____

Important Message to Parents: *Most students that are eligible for Free school meals also qualify for one of NC's child health insurance programs, Health Check (Medicaid for Children) or NC Health Choice. For more information and to find out how to apply for health insurance benefits for your child(ren), go to: www.NCHealthyStart.org. You can also go to your local department of social services to apply in person.*

Sincerely,

Mrs. Sharon F. Evans
Child Nutrition Administrator

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."

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);

Your application was:

- Approved for free meals
- Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application because _____
 - Other _____

If you do not agree with the decision, you may discuss it with **Peggy A. McIlwain, Principal** at (919) 688-4245 or at admin@mzcadurham.org.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name: Peggy A. McIlwain, Principal

Address: 3519 Fayetteville Street, Durham, NC 27707

Phone Number: (919) 688-4245

E-mail: admin@mzcadurham.org

Sincerely,

Mrs. Sharon F. Evans, CN Director

Name	Title	Date
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WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact **Sharon F. Evans** by October 31st, or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that

_____ **][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM Food and Nutrition Services, Formerly The Food Stamp Program, OR TANF/Work First WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- Food and Nutrition Services, Formerly The Food Stamp Program or TANF/Work First Certification Notice that shows dates of certification.
- Letter from Food and Nutrition Services, Formerly The Food Stamp Program or TANF/Work First office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT SHARON EVANS AT (919) 688-4245 FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES Food and Nutrition Services (FNS, formerly the Food Stamp Program or TANF/Work First or FDPIR benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: Mount Zion Christian Academy, 3519 Fayetteville Street, Durham, NC 27707**

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the TANF/Work First office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **Sharon F. Evans** at **(919) 688-4245**. The call is free. **Note: Collect calls will be accepted for applicants needing assistance with child nutrition inquiries only. You may also e-mail us at admin@mzcadurham.org.**

Sincerely,

Mrs. Sharon F. Evans, CN Director

Privacy Act Statement: 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. 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.

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."

WE HAVE CHECKED YOUR APPLICATION

School: _____

Date: _____

Dear _____:

We checked the information you sent us to prove that [_____] are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting [___/___/___], your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting [___/___/___], your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **\$0.40** for lunch and **\$0.30** for breakfast.
- Starting [___/___/___], **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received Food and Nutrition Services, formerly The Food Stamp Program or TANF/Work First benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, foster child(ren) or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **\$3.00** for lunch and **\$2.00** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received FNS, TANF/Work First or FDPIR benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **Peggy A. McIlwain, Principal** at **(919) 688-4245**. You also have the right to a fair hearing. If you request a hearing by [___/___/___], your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **Peggy A. McIlwain, Principal, 3519 Fayetteville Street, Durham, NC 27707, (919) 688-4245, or admin@mzcadurham.org.**

Sincerely,

Mrs. Sharon F. Evans, CN Director

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."