

# 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 a separate application for each child?** No. Complete 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. Be sure to check the “no income” box if your child does not have his/her own income. Failing to check this box will delay the approval of your household application. **Return the completed application to: Mount Zion Christian Academy, Attn: Mrs. Sharon Evans, CN Director, 3519 Fayetteville Street, Durham, NC 27707.**

**2. Who can get free meals?** Children in households receiving Food and Nutrition Services (FNS, formerly Food Stamps) benefits, or getting TANF automatically qualify for free meals. If the household income is less than 130% of poverty, based on the size of your household, children may receive free meals.

**3. Can homeless, runaway or children of families get free meals?** Please call Mrs. Sharon Evans at (919) 688-4245 to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is between 131% and 185% of the Federal Poverty level for your household size.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** No, if you received a letter from the school stating your child has been directly certified for free meals, it is not necessary to complete an application for free or reduced price meals. Please read the letter you got carefully and follow the instructions. Call the school at (919) 688-4245 if you have questions.

**6. 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.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof of your household income and size.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving Food and Nutrition Services (FNS, formerly Food Stamps) or getting TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. 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: Mrs. Peggy McIlwain, 3519 Fayetteville Street, Durham, NC 27707, (919) 688-4245.

**10. 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 a U.S. citizen to qualify for free or reduced price meals.

**11. 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). You must include yourself and all children who live with you. Remember, the number of people in your household can determine whether your child(ren) are eligible for free or reduced price meals. Children who are not enrolled in school should be listed on the application for free or reduced price meals.

**12. What if my income is not always the same?** List the amount of income that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

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

Sincerely,  
Mrs. Sharon Evans  
Mount Zion Christian Academy  
3519 Fayetteville Street  
Durham, NC 27707

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**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 social security number of the adult household member who signs the application. 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 Food Stamps), 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.

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**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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

## MZCA 2010-2011 INSTRUCTIONS FOR APPLYING

**If your household receives benefits from the Food and Nutrition Services (FNS, formerly Food Stamp Program), or gets TANF, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a Food and Nutrition Services (FNS, formerly Food Stamps) or TANF case number. *Note: The EBT Card number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly Food Stamps) Case number, contact your local Department of Social Services to get the number.*

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact Mount Zion Christian Academy.**

**Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1: Use a separate application for each foster child.** List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

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

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

### Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food and Nutrition Services (FNS, formerly Food Stamp) or TANF case # (if any). <b>Skip to Part 5 if you list a FNS or TANF case #</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator Mrs. Sharon Evans at 919 688-4245. Homeless  Migrant  Runaway**

### Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

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

1. Name (List everyone living in your household.) <i>(Example)</i> <i>Jane Smith</i>	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
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200.50 per week	\$100.75 per week	\$100.45 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 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the Parent Letter.)

*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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I do not have a Social Security Number

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

Choose one ethnicity:	Choose one or more (regardless of ethnicity):	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Black or African American	

### Don't 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: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHARING INFORMATION WITH MEDICAID/SCHIP

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call Mrs. Sharon Evans at (919) 688-4245.

**Return this form to: Mount Zion Christian Academy, Attn: Mrs. Sharon Evans,  
3519 Fayetteville Street, Durham, NC 27707, by \_\_\_/\_\_\_/\_\_\_.**