



Dear Parent/Guardian:

A free and reduced meal application must be completed each year. Enclosed is the 2018-2019 free and reduced meal information and application. You may complete ONE application per household. If you feel you are eligible for free or reduced meal benefits, please complete the application and return it to your student's cafeteria manager or school office as soon as possible.

Students are not allowed to charge for meals. Please send money with your student for meals until the free and reduced application is approved. *Any meal charges incurred prior to approval are the responsibility of the parent.*

If your family receives food assistance such as FNS (food stamps) or TANF and you have received a current Direct Certified letter from the Macon County School Nutrition office, you **do not** have to complete an application. If you are unsure, please contact our office at 828-524-8771 or email David Lightner at david.lightner@macon.k12.nc.us or Cody Viar at cody.viar@macon.k12.nc.us. Please do so as soon as possible to avoid possible meal charges.

Meal prices for the 2018-2019 school year

Breakfast	Free to all students
Reduced Lunch	.40
Paid Lunch	\$2.55 (PK-4 th grades) \$2.75 (5 th – 8 th grades) \$2.85 (9 th -12 th grades)

Please don't hesitate to contact our office for assistance in completing this form. We look forward to serving your student this year.

Sincerely,

David Lightner, MHS, RDN, LDN



Macon County Schools
 1202 Old Murphy Road
 Franklin, NC 28734

"Encouraging healthy minds and bodies"

Dear Parent/Guardian:

Children need healthy meals to learn. **Macon County Schools** offers healthy meals every school day. Breakfast is free to all students; lunch costs: **K-4 (\$2.55); 5-8 (\$2.75); 9-12 (\$2.85)**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **no charge** for breakfast and **[\$.40]** for lunch. This packet includes an application for free or reduced price meal benefits with instructions on the application. 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 **Food and Nutrition Services (FNS, formerly known as Food Stamps)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Work First Cash Assistance (formerly Temporary Assistance for Needy Families 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 Federally-funded 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.

FEDERAL INCOME CHART					
Effective For School Year July 1, 2018-June 30, 2019					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional person:	7,992	666	333	308	154

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 call or e-mail **Carol Arnold @ 828-524-3314 or carol.arnold@macon.k12.nc.us**.
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: **YOUR STUDENT'S SCHOOL** or mail to **1202 Old Murphy Rd., Franklin, NC 28734** or call **828-524-8771**.
4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Cody Viar @ 828-524-8771 or email cody.viar@macon.k12.nc.us** or **1202 Old Murphy Rd. Franklin, NC 28734** immediately.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.

6. **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 an application.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
8. **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.
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: **Nancy Cantrell, 1202 Old Murphy Rd., Franklin, NC 28734, 828-524-3314, nancy.cantrell@macon.k12.nc.us**.
10. **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.
11. **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.
12. **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, 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.
13. **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, or receive Family Subsistence Supplemental Allowance payments, 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.
14. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. Contact **Cody Viar, 12020 Old Murphy Rd., Franklin, NC 28734, 828-524-8771, cody.viar@macon.k12.nc.us** to receive a second application.
15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **Food and Nutrition Services (FNS, formerly Food Stamps)** or other assistance benefits, contact your local assistance office or call **The Careline** at 1-800-662-7030.

If you have other questions or need help, call **828-524-8771**.

Sincerely,

David Lightner, MHS, RDN, LDN
School Nutrition Director

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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 Macon County Schools. 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 Cody Viar @ 828-524-8771 or cody.viar@macon.k12.nc.us.

STEP A: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> ● Children age 18 or under AND are supported with the household's income; ● In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; ● Students attending Macon county Schools, regardless of age. 			
<p>1) List each child's name. Print each child's name. Use one line of the application for each child. 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. Is the child a student at Macon County schools. Circle "S" for Student and "O" for Other children that are not students to indicate the child's role in the household.</p>	<p>2) For each student in the household, enter the name of the school and the student's current grade.</p>	<p>3) If applicable, please circle if a Child/Student is Homeless (H), Migrant (M), Runaway (R) or Foster (F) Foster children who live with you may count as members of your household and should be listed on your application.</p>	<p>4) Report all income earned or received by children. Report the combined gross income for ALL children listed in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p>What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>

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

STEP B: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FNS, Work First Cash Assistance/TANF, OR FDP/IR?	
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> ● Food and Nutrition Services (FNS formerly Food Stamps). ● Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF). ● The Food Distribution Program on Indian Reservations (FDPIR). 	
<p>1) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● Leave STEP B blank and go to STEP C. 	<p>2) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● Write a case number for FNS, Work First Cash Assistance/TANF, or FDP/IR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Jennifer Alexander with Macon County Department of Social Services @ 828-349-2115. ● Go to STEP E.

STEP C: REPORT INCOME FOR ALL ADULT HOUSEHOLD MEMBERS
<p>How do I report my income?</p>

- Use the charts titled **“Sources of Income for Adults”** and **“Sources of Income for Children,”** printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- 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.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Circle how often each type of income is received using the frequency to the right of each field.

Who should I list here?

- When filling out this section, please include ALL adult members in your household 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:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP A.

<p>1) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” <u>Do not list any household members you listed in STEP A.</u></p>	<p>2) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><i>What if I am self-employed?</i> 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.</p>	<p>3) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.</p>	<p>4) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p>
<p>STEP D: REPORT HOUSEHOLD TOTAL AND SOCIAL SECURITY NUMBER</p> <p>1) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP A and STEP C. 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.</p> <p>2) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their 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 “1 do not have a Social Security Number.”</p>			

STEP E: ATTESTATION - CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising 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 on the back of the application.

1) Provide your contact information. Write your current address on the line 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.

2) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Head of Household Signature."

3) Write today's date. In the space provided, write today's date in the box.

STEP F: CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional) Share children's racial and ethnic identities. 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.

2018-19 Macon County Schools Free and Reduced Price School Meals Household Application

Please return to: 1202 old Murphy Road, Franklin, NC 28734 828-524-8771

(Complete one application per household. Please use a pen.)

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.

2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First	MI	Last	Circle One:	School Name	Grade	If applicable, please CIRCLE if a CHILD/STUDENT is: Homeless Migrant Runaway Foster	CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME from ALL OTHER SOURCES
			S O			H M R F	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
			S O			H M R F	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
			S O			H M R F	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
			S O			H M R F	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
			S O			H M R F	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly

B. Assistance Programs

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF, or FDIRP?

NO YES

If "YES" please provide a case number (only one)

Case Number: _____

then SKIP to SECTION E.

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.

2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on Sources of Income for Adults and Income Frequency see the charts on page 2 (for reverse side) of this application.

Need it Household Other Adult Other Adult Other Adult Other Adult	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/ Alimony/ Child Support	CIRCLE Frequency	Pensions/ Retirement/ All Other Income	CIRCLE Frequency
		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly

D. Household Total and Social Security Number (SSN)

ENTER Total Number of Household Members (Children and Adults) HERE

ENTER LAST FOUR DIGITS of SSN HERE (Head of Household or Primary Wage Earner ONLY)

I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)

SELECT one ethnicity:

Hispanic or Latino Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):

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

E. Attestation: An adult household Member must sign the application. "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 child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Head of Household Signature: _____ Today's Date: _____ Email: _____

Printed Name: _____ Contact Number: _____ City: _____ State: _____ Zip Code: _____

Eligibility Determination:

Categorical Eligibility Free Reduced Denied

Reason for Denial of Eligibility: _____

For Office Use Only

Total Household Members: _____ Total Household Income: _____ per: _____

NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying: Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x24) Annually

Determining Official's Signature & Date: _____

Confirming Official's Signature & Date: _____

Verifying Official's Signature & Date: _____

Sources of Income

Sources of Income for CHILDREN/STUDENTS		Examples
Sources of Income		
<ul style="list-style-type: none"> Earnings from work Social Security - Disability Payments Survivor's Benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired or deceased and their child receives Social Security benefits 	
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity or trust 	

Sources of Income for ADULTS		
Earning from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p><i>If you are in the U.S. Military:</i></p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income Frequency	
Weekly = Once per week	Bi-Weekly = Every two (2) weeks
Monthly = Once per month	Bi-Monthly = Twice per month
Annually = Total salary per year	

Please mail this application to:

Macon County Schools
 1202 Old Murphy Road
 Franklin, NC 28734

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.

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410.
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

SHARING INFORMATION WITH MEDICAID/SCHIP

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).

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 to ensure that your information is NOT shared for the child(ren) listed 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 **Cody Viar** at **828-524-8771** or e-mail at **cody.viar@macon.k12.nc.us**.

Return this form to: **Cody Viar** at **1202 Old Murphy Road, Franklin, NC 28734**.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Scholarship Aid Programs**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Fee Waiver or Fee Reduction Programs**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application to **reduce my child's test fees for the AP and IB exams**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

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 **Cody Viar** at **828-524-8771** or e-mail at cody.viar@macon.k12.nc.us.

Return this form to: **Cody Viar** at **1202 Old Murphy Road, Franklin, NC 28734**.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.