

Mr. Jerry S. Boyd Superintendent 405 W. College St. Jonesborough, TN 37659 Phone (423) 753-1100





Dear Washington County Schools Families,

Effective July 1, 2022, Washington County Schools will be implementing a rate adjustment for school meal prices. The adjustment is a result of compliance requirements from the state of Tennessee. Over the years, Washington County Schools has worked hard to bring our families very reasonable prices for the products served and will continue to make this effort. Below are the price adjustments for the 2022-2023 school year. Washington County Schools knows our meals are still a great value and we appreciate your support.

| | | Break | fast | | | | Lunch | | |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| School Year | Elem | Middle | High | Adult | Elem | Middle | High | Adult | Visitor |
| 2017-2022 | \$1.70 | \$1.70 | \$1.70 | \$2.50 | \$2.50 | \$2.60 | \$2.90 | \$4.00 | |
| 2022-2023 | \$1.80 | \$1.90 | \$2.00 | \$3.00 | \$2.60 | \$2.70 | \$3.00 | \$4.25 | \$5.00 |

Families can apply online for free and reduced lunches at www.wcde.org under the Nutrition
Department tab or visit https://frapps.horizonsolana.com/WASCO1. All families are eligible to apply for free and reduced lunch at any time throughout the year. Even if you do not believe that your family qualifies for free and reduced lunch status, every application completed and returned for Washington County Schools may result in increased federal funding in addition to other funding opportunities for our school system to support additional services for our students. Please take a few minutes to help OUR school system and complete the application!

Board of Directors

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear parent/guardian:

Children need healthy meals to learn. Washington County offers healthy meals every school day. Breakfast costs for grades K-4 - \$1.80, 5-8 - \$1.90, 9-12 - \$2.00; lunch costs for grades K-4 - \$2.60, 5-8 - \$2.70, and 9-12 - \$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. This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

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

| | FEDERA | AL ELIGIBILITY INCOMI | E CHART For School Year | 2022-23 | |
|-------------------------|--------|-----------------------|-------------------------|-----------------|--------|
| Household size | Annual | Monthly | Twice per month | Every two weeks | Weekly |
| 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Each additional person: | 8,732 | 728 | 364 | 336 | 168 |

- 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: Shannon Gray homeless/ runaway at grays@wcde.org, 423-494-4911 or Kris Morelock migrant morelockk@wcde.org, 423-753-1100.
- 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 child's school cafeteria manager.
- 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 Kimberly Head, 405 W. College St. Jonesborough, TN 37659, 423-753-1107, or headk@wcde.org immediately.

- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit https://frapps.horizonsolana.com/WASC01 to begin or to learn more about the online application process. Contact Kimberly Head, 405 W. College St. Jonesborough, TN 37659, 423-753-1107 or headk@wcde.org if you have any questions about the online application.
- 6. 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, through 9/14/23. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Caitlin Kite, 405 W. College St. Jonesborough, TN 37659, 423-753-1107, headk@wcde.org.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **your school cafeteria manager** to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-866-311-4287.

If you have other questions or need help, call 423-753-1107 toll free.

Sincerely,

Kimberly Head

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

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 even if your children attend more than one school in Washington County. The application must be filled out completely to certify your children for free or you are not sure what to do next, please contact Kimberly Head, 423.753.1107; headk@wcde.org 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,

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

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

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.

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

- 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 Washington County Schools regardless of age.

A)List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at Washington County Schools?
Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Washington Co. Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed or your application. If you are applying for both foster and non-foster children, go to step 3.

D)Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

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:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) The Food Distribution Program on Indian Reservations (FDPIR)

A)If no one in your household participates in any of the above listed programs:

Leave STEP 2 blank and go to STEP 3.

- B) If anyone in your household participates in any of the above listed programs:
- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: the Department of Human Services.
- Go to STEP 4

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- 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
- 0 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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- 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 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
- Mark how often each type of income is received using the check boxes to the right of each field

3.A.REPORT INCOME EARNED BY CHILDREN

count foster children's income if you are applying for them together with the rest of your household. A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only

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

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- if they do not receive income of their own 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
- People who live with you but are not supported by your household's income AND do not contribute income to your household
- B)List adult household members' Infants, Children and students already listed in STEP 1.

names. Print the name of each follow the instructions in STEP 3, part A. If a child listed in STEP 1 has income, household member in the boxes marked household members you listed in STEP 1. (First and Last)." Do not list any "Names of Adult Household Members

pensions/retirement/all other income.

E)Report income from

Income" field on the application. "Pensions/Retirement/ All Other Report all income that applies in the

> money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income C) Report earnings from work. Report all income from work in the amount. This is calculated by subtracting the total operating What if I am self-employed? Report income from that work as a net "Earnings from Work" field on the application. This is usually the

expenses of your business from its gross receipts or revenue

and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and your household that you have not listed on the application, go back members listed in STEP 1 and STEP 3. If there are any members of Adults)." This number MUST be equal to the number of household members in the field "Total Household Members (Children and F)Report total household size. Enter the total number of household reduced price meals.

> alimony, only report court-ordered payments. Informal but support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do D) Report income from public assistance/child not report the cash value of any public assistance benefits NOT regular payments should be reported as "other" income in the isted on the chart. If income is received from child support or

G)Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Number, leave this space blank and mark the box to the right Number. If no adult household members have a Social Security apply for benefits even if you do not have a Social Security Social Security Number in the space provided. You are eligible to labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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 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

Sharing a phone number, email address, or both is optional, children ineligible for free or reduced price school meals. address in the fields provided if this information is available A)Provide your contact information. Write your current but helps us reach you quickly if we need to contact you. If you have no permanent address, this does not make your

> B) Print and sign your name and "Signature of adult." and that person signs in the box of the adult signing the application write today's date. Print the name

C)Mail Completed 405 W. College St. WCDE Nutrition Form to: Kim Head 37659 Jonesborough, TN

D) Share children's racial and ethnic identities children's eligibility for free or reduced price school ethnicity. This field is optional and does not affect your to share information about your children's race and (optional). On the back of the application, we ask you

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

2022-2023 Household Application for Free and Reduced Price School Meals

Printed name of adult signing the form Street Address (if available) false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws. STEP 3 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 I purposely given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. for Adults" chart will help you with the All Adult Household Members eligible for free meals. Read How to Apply for Free and section. income section. of Income" for more the charts titled "Sources Are you unsure what income to include here? Migrant or Runaway are if not related. income and expenses, even living with you and shares Member: "Anyone who is help you with the Child Flip the page and review Reduced Price School definition of Homeless, children who meet the Children in Foster care and Definition of Household STEP 4 The "Sources of Income The "Sources of Income STEP 2 STEP 1 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Contact information and adult signature. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper) B. All Adult Household Members (including yourself) Name of Adult Household Members (First and Last) source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income for each Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Total Household Members (Children and Adults) Household Members listed in STEP 1 here A. Child Income Child's First Name O > Go to STEP 3. Apt # If YES > Primary Wage Earner or Other Adult Household Member Last Four Digits of Social Security Number (SSN) of Earnings from Work Write a case number here then go to STEP 4 (Do not complete STEP 3) Signature of adult City Child's Last Name Bi-Weekly 2x Month How often? State Child Support/Alimony × Zip × × × × Child income Bi-Weekly How often? Daytime Phone and Email (optional) Case Number: Today's date 2x Month Month Weekly How often?
Bi-Weekly 2x Month Check if no SSN Grade All Other Income Pensions/Retiren Monthly Yes Bi-Weekly 2x Month Check all that apply How often?

| Sources of Inc | Sources of Income for Children | S | Sources of Income for Adults | ults |
|--|---|--|---|--|
| Sources of Child Income | Example(s) | Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income |
| - Earnings from work | A child has a regular full or part-time job where they earn a salary or wages | Salary, wages, cash bonuses | Unemployment benefits Worker's compensation | Social Security (including railroad |
| Social Security Disability Payments Survivor's Benefits | - 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 | Net income from self- employment (farm or business) | Supplemental Security Income (SSI) Cash assistance from State or local | retirement and black lung benefits) - Private pensions or disability benefits - Regular income from |
| -Income from person outside the household | - A friend or extended family member regularly gives a child spending money | - Basic pay and cash bonuses (do NOT include combat pay, | Alimony payments Child support payments Veteran's benefits | trusts or estates - Annuities - Investment income |
| -Income from any other source | - A child receives regular income from a private pension fund, annuity, or trust | FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing | - Strike benefits | Rental income Regular cash payments from outside household |
| OPTIONAL Children's Racial and Ethnic Identities | nic Identities | | | |
| We are required to ask for information about your children's race an Responding to this section is optional and does not affect your child Ethnicity (check one): Hispanic or Latino Not Hispanic Race (check one or more): American Indian or Alaskan Native | We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Salantive Asian Black or African American Native Hawaiian or Other Pacific Islander Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander | ormation is important and helps ree or reduced price meals. Black or African American | to make sure we are fully se | o make sure we are fully serving our community. Native Hawaiian or Other Pacific Islander White |
| 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 | requires the information on this application. You do cannot approve your child for free or reduced price security number of the adult household member who scurity number is not required when you apply on tion Assistance Program (SNAP). Temporary of Distribution Program on Indian Reservations or child or when you indicate that the adult household security number. We will use your information to | Persons with disabilities who require alter large print, audiotape, American Sign Lar applied for benefits. Individuals who are a through the Federal Relay Service at available in languages other than English. To file a program complaint of discrimitation of the complaint of t | Persons with disabilities who require alternative means of communication for program information (e.g. large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) when applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact through the Federal Relay Service at (800) 877-8339. Additionally, program information may be 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 | 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 |
| 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, | religibility information with education, health, and refrorement of religibility information with education, health, and rmine benefits for their programs, auditors for them look into violations of program rules. partment of Agriculture (USDA) civil rights regulations loyees, and institutions participating in or riminating based on race, color, national origin, sex, | ornice, or write a letter accressed to USDA and form. To request a copy of the complaint form USDA by: U.S. Department of Agriculture office of the Assistant Secretary 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442- or | collice, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442- or | ibmit your completed form or letter to |
| disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. | hts activity in any program or activity conducted or | fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider. | gov. unity provider. | |
| Do not fill out For School Use Only | | | | |
| Annual Income Conversion: Weekly x 52, E | Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 How often? Total Income Weekly B-Weekly 2x Month Monthly Household Size | nthly x 12 | Eligibility: | |
| 0 | | Categorical Eligibility | | |
| | | | | |