

Pine Plains Central School District 2016-17 School Lunch Information

Free and Reduced Price Meals

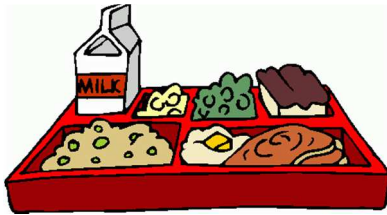
Children need healthy meals to learn. Pine Plains Central School District offers healthy meals every school day. Meal prices for the upcoming school year are shown at right. Your children may qualify for free meals or for reduced price meals. If you think your family may qualify, complete and return the enclosed application, and you will hear from us shortly.

All information provided is kept strictly confidential.

Complete instructions are enclosed.

See below for information on how much you can save if your family is eligible.

IMPORTANT REMINDER: All 2015-16 applications expire on October 19th, 2016. To continue receiving free or reduced rate meals for the 2016-17 school year, families who received free or reduced priced meals during the prior school year MUST REAPPLY for 2016-2017 before the deadline.



2016-17 Breakfast and Lunch Prices

	ELEMENTARY	MS / HS
BREAKFAST	1.50	1.75
LUNCH	2.75	3.00

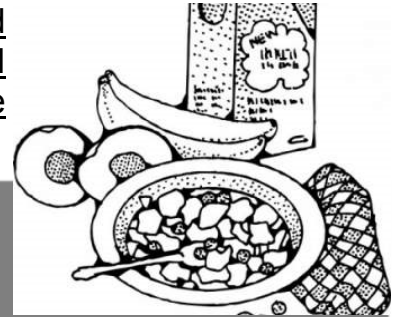
How does the Free and Reduced Meal Program help our school District?

Several areas of state aid are based on the number of students participating in the free and reduced meal program. In addition, some state and federal grants for school districts are based on this data. Students whose families qualify for free and reduced meals help our school district every day they have breakfast and lunch!

We are now using the NutriKids cashless checkout system and MySchoolBucks online payment system.

This means convenience for all Pine Plains families, plus mealtime confidentiality for our free and reduced price students.

To find out more about these systems, visit the district website: www.ppcsd.org, or call 518-398-7181 ext 1351.



ELIGIBLE FAMILIES SAVE MONEY AND HELP THEIR SCHOOLS!

IF YOUR FAMILY QUALIFIES FOR REDUCED PRICE LUNCH:

	REGULAR PRICE EFFECTIVE 9-7-16	REDUCED PRICE	DAILY SAVINGS	YEARLY SAVINGS <u>PER STUDENT</u>
BREAKFAST - Elementary	\$1.50	\$0.25	\$1.25	\$225.00
BREAKFAST - Middle / High School	\$1.75	\$0.25	\$1.50	\$270.00
LUNCH - Elementary	\$2.75	\$0.25	\$2.50	\$450.00
LUNCH - Middle / High School	\$3.00	\$0.25	\$2.75	\$495.00

IF YOUR FAMILY QUALIFIES FOR FREE LUNCH:

	REGULAR PRICE EFFECTIVE 9-7-16	FREE	DAILY SAVINGS	YEARLY SAVINGS <u>PER STUDENT</u>
BREAKFAST - Elementary	\$1.50	\$0.00	\$1.50	\$270.00
BREAKFAST - Middle / High School	\$1.75	\$0.00	\$1.75	\$315.00
LUNCH - Elementary	\$2.75	\$0.00	\$2.75	\$495.00
LUNCH - Middle / High School	\$3.00	\$0.00	\$3.00	\$540.00

COMPLETING THE FREE AND REDUCED LUNCH APPLICATION

1. Print the name, school and grade for each of the children in your household attending school at Pine Plains Central School District.
If more space is needed, use another piece of paper.

2. FOR HOUSEHOLDS RECEIVING FOOD STAMPS, TANF or FDPIR list the case number on your benefit letter and skip to #4.

3. List the names of all household members, including children and list the usual amount of income of each, before taxes and other deductions, along with how often that amount is received (WEEKLY, BI-WEEKLY (every two weeks), 2 TIMES PER MONTH, MONTHLY.) Make sure to complete each column for each household member. If no income is received, enter "0".
If more space is needed, use another piece of paper.

4. An adult MUST sign the application and include the last 4 digits of his or her social security number and requested contact information.
(NOTE: If you included a food stamp, TANF or FDPIR number in section 2, a social security number is not required.)

NOTE: If you do not have a social security number, check this box.

Date Withheld _____ Attachment ✓ F _____ R _____ D _____

2016-2017 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to (name/school). Call (phone number), if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (Including yourself and all children that have income). 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 income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number: XXX-XX-____-____ I do not have a SS#

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SSN), or mark the "I do not have a SS# box" before it can be approved. I certify (promise) that all of the information on this application is true and that all income is reported. I understand that if this information is being given so the school will get federal funds, the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____
 Email Address: _____
 Home Phone: _____ Work Phone: _____ Home Address: _____

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice a Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Worksheet: Total Household Income How Often: _____ / _____ Household Size: _____
 Free/Reduced Price Meals Reduced Price Meals Denied/Paid Date Notice Sent: _____
 Signature of Reviewing Official: _____

ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL
 If you have any questions, or need assistance completing the application, please contact Mrs. Diane Hengen by phone: (518) 398-7181 ext. 1351 or by email: d.hengen@ppcsd.org

RETURN YOUR COMPLETED APPLICATION TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL, OR SEND TO:

PINE PLAINS CENTRAL SCHOOL DISTRICT
 Attn: Diane Hengen, Food Service Director
 2829 Church Street
 Pine Plains, NY 12567
 Phone: (518) 398-7181 ext. 1351

Children need healthy meals to learn. Pine Plains Central School District offers healthy meals every school day. Breakfast costs **\$1.50** (Elementary) and **\$1.75** (Middle/High School); lunch costs **\$2.75** (Elementary) and **\$3.00** (Middle/High School). Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.25** for breakfast and **\$0.25** 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: **Diane Hengen, School Lunch Manager, Pine Plains Central School District 2829 Church Street, Pine Plains, NY 12567.**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF**, 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 Eligibility 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 Maryann Stoorvogel, Homeless Liaison at (518) 398-7181 ext. 1312 or Tara Grieb, Migrant Education Coordinator at 518-398-7181 ext. 1300 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 **518-398-7181 ext. 1351** 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 30 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 GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out a FREE/REDUCED PRICE MEAL 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: Dr. Martin Handler, Superintendent of Schools, 2829 Church Street, Pine Plains, NY 12567 (518) 398-7181.
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child 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 you do not support, who do not share income with you or your children, and who pay a pro-rated 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 **SNAP** or other assistance benefits, contact your local assistance office or call **1-800-342-3009**.

2016-2017 INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS

REDUCED PRICE ELIGIBILITY INCOME CHART

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	\$ 29,637	\$ 2,470	\$ 1,235	\$ 1,140	\$ 570
3	\$ 37,296	\$ 3,108	\$ 1,554	\$ 1,435	\$ 718
4	\$ 44,955	\$ 3,747	\$ 1,874	\$ 1,730	\$ 865
5	\$ 52,614	\$ 4,385	\$ 2,193	\$ 2,024	\$ 1,012
6	\$ 60,273	\$ 5,023	\$ 2,512	\$ 2,319	\$ 1,160
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
<i>*Each Add'l person add</i>	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

How to Apply: To get free or reduced price meals for your children you may submit an Eligibility Letter for Free Meals received from the NYS Education Department, OR carefully complete one application for your household and return it to the designated office. If you now receive SNAP, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household SNAP, TANF or FDPIR case number and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and the last four digits of that adult's social security number, or check the box if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your SNAP or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive SNAP.

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

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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, audiotope, 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:

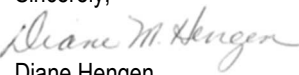
- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) Fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.*

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

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

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

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied.

Sincerely,

Diane Hengen
School Lunch Manager

Date Withdrew _____

Attachment Va F ___ R ___ D ___

2016-2017 Application for Free and Reduced Price School Meals

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and return it to **Diane Hengen, School Lunch Manager**. Call 518-398-7181 ext. 1351, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE # _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

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 income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number: XXX-XX- ___ - ___

I do not have a SS#

4. Signature: An adult household member must sign this application and provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before it can be approved.

I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
 Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
 Free Meals Reduced Price Meals Denied/Paid
Signature of Reviewing Official _____ **Date Notice Sent:** _____

To apply for free and reduced price meals, submit a Free Meals/Milk Eligibility Letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions.. Sign the application and return the application to Diane Hengen, School Lunch Manager, Pine Plains Central School District, 2829 Church Street, Pine Plains, NY 12567. If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: (518) 398-7181 ext. 1351.. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAPs, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

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 are not required when you apply on behalf of a foster child or you list a 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.

DISCRIMINATION COMPLAINTS

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

PINE PLAINS CENTRAL SCHOOL DISTRICT

2829 CHURCH STREET PINE PLAINS NEW YORK 12567-5504

PHONE 518 398 7181 FAX 518 398 6592

WWW.PPCSD.ORG

August 1, 2016

Dear Pine Plains Family,

This school year we will once again be utilizing the **NutriKids** "point of sale" system in all school cafeterias. The Nutrikids system combines the convenience and efficiency of a cashless system with increased anonymity for our free and reduced meal students.

In order to access their accounts at the serving line, students will need to enter their **four-digit PIN** which will enable students to pay for meals and snacks directly from their accounts. If your student does not have a PIN, please contact the building secretary at your child's school.

Along with the Nutrikids system, we provide families with a convenient and secure online payment service called **MySchoolBucks**. This on-line system allows you to deposit money into your student's school meal account in advance. Funding your student's account prior to the first day of school will help lunch lines will move along much faster, giving students more time to eat and be with friends.

Student accounts may be funded using any of the following methods:

Funding by Check (There is no fee to fund a student account with this method):

Students may add to their accounts with checks made out to "PPCSD" or cash. Checks or cash must be given to cafeteria cashiers during meal service. Make sure your student's full name and school is written on your check. We request one check per student account.

E-Check:

Online payment from your checking account via MySchoolBucks. See the MySchoolBucks information on the following page.

Credit Card:

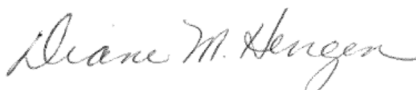
Online payment by credit card via MySchoolBucks. See the information that follows.

If your child has qualified for free or reduced meal prices, the meal will be processed just as it is for all other students with no indication that the meal is free or reduced-price. If you think your family may qualify, and have not done so already, please complete the Free & Reduced Meal Application that was mailed to you as soon as possible. The application and instructions are also available on the district web site, www.ppcsd.org.

If you choose not to take advantage of the online payment service you may make advance payments via cash or check, made payable to Pine Plains Central School District (PPCSD) and delivered to the cashier in your student's cafeteria. For check payments, each student must be funded with a separate check. Please remember to write your student's full name and school on the check.

If you have any questions about this new service, please feel free to contact my office at (518) 398-7181 ext. 1351 or by email at d.hengen@ppcsd.org

Looking forward to a successful and nutritious school year for all Pine Plains students!



Diane Hengen
School Lunch Manager

MYSCHOOLBUCKS INSTRUCTIONS

To Register for a free MySchoolBucks Account:

Follow the link on the district web site home page at www.ppcsd.org or go directly to www.myschoolbucks.com. Follow the instructions to create your account.

To Add Students to Your Account:

- Once you are logged into your new account, click **MY HOUSEHOLD** from the left-side navigation bar.
- Click **LOOK UP YOUR STUDENTS**.
- Select your child's school from the drop-down box.
- Enter your child's first name, last name and date of birth.
- Click **FIND STUDENT**.
- Click **ADD STUDENT**.
- Click **FINISH** or click **ADD ANOTHER STUDENT** to repeat the process for additional children.

Making a Deposit:

- From the My Household page, click **MAKE A PAYMENT**.
- Enter the deposit amount for each student account, then click **ADD TO BASKET**.
- Review the amount(s) you have entered and click **CHECK OUT NOW**. If you need to adjust an amount click **CONTINUE SHOPPING**.
- Enter your payment information and click **CONTINUE**.
- If paying with a credit or debit card, enter the three or four digit Verification Code that appears on your card, then click **CONTINUE**.
- Review your order and make sure all deposits are correct, then click **PLACE ORDER**.
- Click **PRINT ORDER** to generate a receipt of your transaction in a new window. We recommend that you keep a copy for your records.
- Click **FINISH** to complete the transaction.

Things to Know:

- If you have more than one student in the district, you can handle all online prepayments from one online account.
- Payments may be made with a Visa, MasterCard, and Discover credit or debit card. You may also make a payment using an e-check.
- Please note there is a convenience fee of \$1.95 per on-line deposit transaction, collected by Heartland Payment Systems. If you pay for several students in a single transaction you will only be assessed the \$1.95 fee once per single deposit transaction. You may fund up to \$120 per student.
- There is no fee for funding your child's account with cash or check deposited with the cafeteria cashier.