Letter to Households in Schools/Districts Participating in the Seamless Summer Option (SSO)

Dear Parent or Guardian:

We are pleased to inform you that the JACKSON SCHOOL DISTRICT will be participating in the National School Lunch Program’s Seamless Summer Option (SSO) to provide free meals for all students during the 2021-2022 academic school year.

This letter is to inform you that your child(ren) will be able to receive free BREAKFAST AND LUNCH at no charge.

Even though the district is providing free meals to all students throughout the 2021-2022 academic school year, the Application for Free and Reduced-Price School Meals is still available and is used to determine eligibility for P-EBT benefits, state funding, and ATHLETICS AND TESTING FEES.

We encourage you to complete the attached application to see if you qualify for additional benefits.

If you have any questions, please contact us at: 732-833-4700 ext 7228

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.
SEAMLESS SUMMER OPTION
FREQUENTLY ASKED QUESTIONS ABOUT THE APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS

This packet includes the Application for Free and Reduced Price School Meals, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Children may receive additional benefits if your household's income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,528</td>
<td>1,966</td>
<td>499</td>
</tr>
<tr>
<td>2</td>
<td>32,297</td>
<td>2,696</td>
<td>620</td>
</tr>
<tr>
<td>3</td>
<td>40,656</td>
<td>3,436</td>
<td>762</td>
</tr>
<tr>
<td>4</td>
<td>49,023</td>
<td>4,086</td>
<td>943</td>
</tr>
<tr>
<td>5</td>
<td>57,394</td>
<td>4,786</td>
<td>1,105</td>
</tr>
<tr>
<td>6</td>
<td>65,763</td>
<td>5,486</td>
<td>1,266</td>
</tr>
<tr>
<td>7</td>
<td>74,233</td>
<td>6,186</td>
<td>1,428</td>
</tr>
<tr>
<td>8</td>
<td>82,702</td>
<td>6,886</td>
<td>1,589</td>
</tr>
<tr>
<td>Each additional person</td>
<td>8,389</td>
<td>700</td>
<td>162</td>
</tr>
</tbody>
</table>

1. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** If you answer “yes” to one or more of the following questions, your children may qualify. Please contact your school for more information: 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?

2. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one Application for Free and Reduced Price School Meals 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 one of your children’s schools.

3. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A DIRECT CERTIFICATION NOTIFICATION 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 your school immediately.

4. **CAN I APPLY ONLINE?** If available, 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. Contact your school if you have any questions about the online application.

5. **MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes.

6. **I GET WIC. SHOULD I FILL OUT AN APPLICATION?** Children in households participating in WIC may be eligible for additional benefits. 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. 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:

Ms. Michelle Richardson  732-833-4600 ext. 4603

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local county assistance office or call 1-800-687-9512 or go to https://oneapp.dhs.state.nj.us/default.aspx. You can also contact NJ Family Care or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-528-3838 or go to: www.nj.gov/health/fhs/wic.

If you have other questions or need help, call 732-833-4700 ext 7228

Sincerely,

JOE IMMORDINO

FOOD SERVICE DIRECTOR

JACKSON SCHOOL DISTRICT FOOD SERVICE DEPT.
Step 3: Report Income for All Household Members

1. Go to Step 4.
2. Leave Step 2 blank and go to Step 3.

Step 2: Do any Household Members Currently Participate in SNAP/TANF, TANF, or Food Stamps?

- Yes
- No
- Other (specify)

Step 1: List all Household Members Who Are Infants, Children, and Students Up To and Including Grade 12

- Infants
- Children
- Students

Children

- Yes
- No
- Other (specify)

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Please use these instructions to help fill out the application for free or reduced price school meals.

How to Apply for Free and Reduced Price School Meals
## Step 1: Complete the Application Form

### Details:
- **Name:** [Enter name]
- **Address:** [Enter address]
- **Phone:** [Enter phone number]
- **Email:** [Enter email]
- **City:** [Enter city]
- **State:** [Enter state]
- **Zip:** [Enter zip code]
- **SSN:** [Enter Social Security Number]

### Income Information:
- **Homeowner Income:** [Enter income]
- **Renter Income:** [Enter income]
- **Child(ren) and Age(s):** [Enter age(s)]
- **Number of Children:** [Enter number]
- **Total Household Expenses:** [Enter expenses]

### Household Information:
- **Children's Names:**
  - First Name
  - Last Name
- **School Name:** [Enter school name]
- **Grade:** [Enter grade]

### Additional Information:
- [Optional comments or notes]

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## Step 2: Complete Additional Forms

### Instructions:
1. **Form 1:** [Complete form 1]
2. **Form 2:** [Complete form 2]
3. **Form 3:** [Complete form 3]

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## Available Online at:

[Application Online Link]

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## Important Notes:
- [Additional important notices or information]

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**Deadline:** [Enter deadline]

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2023-2024 Application for Free and Reduced Price School Meals

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**Application #:** [Enter application number]
SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

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 NJ FamilyCare. 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 NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and NJ FamilyCare 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 NJ FamilyCare, 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 (NJ FamilyCare)

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: __________________________

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.