



**2023-2024 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS**  
**COMPLETE ONE APPLICATION PER HOUSEHOLD**

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

**Part 1. CHILDREN IN SCHOOL:** List ALL children in school who live in the household.

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>

\*\* If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

**Part 2. SNAP or TANF:** If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: \_\_\_\_\_ SNAP or TANF Case Number (Do not use 16 digit EBT card number):                 (Case number is 7-12 digits)

**Part 3.** If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator.

Homeless  Migrant  Runaway **Complete Parts 1, 4, 5, 6, and 7.**

**Part 4. ALL OTHER HOUSEHOLDS:** List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

Names of all Household Members [Include the children in school above]		Age	List Gross Income before any deductions. Write in how often income is received. Use the following: (W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly				
			Earnings from Work Before Deductions Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
Do Not Complete Part 4 if all students are foster children or if you listed a SNAP or TANF case number in Part 2.			Job 1	Job 2	Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	Disability Benefits, Cash from Savings, Interest/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income
			\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often
EXAMPLE: Jane Doe		32	\$ 1,800 / 2M	\$ 0 /	\$ 0 /	\$ 0 /	\$ 0 /
1.			\$ /	\$ /	\$ /	\$ /	\$ /
2.			\$ /	\$ /	\$ /	\$ /	\$ /
3.			\$ /	\$ /	\$ /	\$ /	\$ /
4.			\$ /	\$ /	\$ /	\$ /	\$ /
5.			\$ /	\$ /	\$ /	\$ /	\$ /
6.			\$ /	\$ /	\$ /	\$ /	\$ /
7.			\$ /	\$ /	\$ /	\$ /	\$ /
8.			\$ /	\$ /	\$ /	\$ /	\$ /
Total Household Members (Children and Adults)		<input type="text"/>					

**Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES:** You are not required to answer this question.

**Ethnic Identities:** Choose one of the following:  Hispanic or Latino  Not Hispanic or Latino  
**Racial Identities:** Choose one or more of the following racial identities (in addition to ethnicity):  
 American Indian/Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**Part 6. OTHER BENEFITS: Medicaid & Health Insurance:** Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must tell us by checking the NO block below. Your decision will not affect your child's eligibility for free or reduced-price meals.  
 No, I do not want school officials to share information from my free or reduced-price meal application with Medicaid or FAMIS.

**Part 6b. OTHERS:** Your permission is required for the school to use this information for other benefits.  
 YES, I give permission for the information provided on this application to be used only for the programs checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.

**Part 7. SIGNATURE & SOCIAL SECURITY NUMBER:** An adult must sign the application and provide the last four digits of the Social Security Number or mark the box if they do not have one, before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application) I certify (promise) that all information on this application is true and that all information 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 children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-  I Do Not Have A Social Security Number **SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DO NOT WRITE BELOW LINE - SCHOOL USE ONLY**

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME/HOW OFTEN: \$ \_\_\_\_\_ / \_\_\_\_\_ HOUSEHOLD SIZE \_\_\_\_\_  SNAP  TANF  Foster Child  
 Approved Free  Approved Reduced  Other: \_\_\_\_\_  
 Denied Reason:  Income Too High  Incomplete Application

Date Approval/Denial Notice Sent To Household: \_\_\_\_\_ Signature of Approving Official: \_\_\_\_\_

Transferred/Withdrawn Date: \_\_\_\_\_ Transferred To: \_\_\_\_\_

VERIFICATION SUMMARY: Date Selected: \_\_\_\_\_ Date of Confirmation Review: \_\_\_\_\_ Reviewer's Initials: \_\_\_\_\_ Confirmation Result: \_\_\_\_\_  
 Date Response Due: \_\_\_\_\_ Date of 2nd Notice: \_\_\_\_\_ Date Verification Results Notice Sent: \_\_\_\_\_  
 Verification Results:  No Change  Free to Reduced  Free to Paid  Reduced to Free  Reduced to Paid  
 Reason for Change:  Income  Household Size  Refused to Cooperate  SNAP/TANF Eligibility  
 Date: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced-price meals, **complete one application for ALL children in the household who are in school** using the following instructions. Sign the application and return it to any school in the division or the school nutrition office. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED-PRICE MEALS.**

### A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

#### IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** List the name and case number of any household member (including adults) receiving SNAP or TANF benefits.

**Parts 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced-price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

#### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.

**Part 4:** Complete this part. See instructions for All Other Households, Part 4, below.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced-price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

#### IF YOU ARE APPLYING FOR A FOSTER CHILD, WHICH IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

**If all children in the household are foster children:**

**Part 1:** List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.

**Parts 2, 3 & 4:** Skip these parts.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced-price meals.

**Part 7:** Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

**If one or more children in the household are foster children and other children in the household are not foster children:**

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

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

- Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment, or strike benefits if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced-price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

#### ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

**Part 2:** If the household does not have a SNAP or TANF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, a migrant or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

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

- Columns 1-3: Name:** List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment, or strike benefits if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative, do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

**Parts 5 & 6:** Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

**Part 7:** An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

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 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 the 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- fax:**  
(833) 256-1665 or (202) 690-7442; or
- email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Loudoun County Public Schools offers healthy meals every school day. Breakfast costs **\$2.10**; lunch costs **\$3.05 for elementary, \$3.15 for secondary**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.00** for breakfast and **\$0.00** 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 **TANF**, are eligible for free meals.
- Students who are eligible for Medicaid may also be eligible for free or reduced-price meals based on the household's income.
- **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 of 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 ELIGIBILITY INCOME CHART For School Year 2023-2024			
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
EACH ADDITIONAL PERSON:	+ \$9,509	+ \$793	+ \$183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Please complete the Housing Determination Form and return it to your child's school. This form helps determine what services you might qualify for. If you have questions, please call **571-252-1012**.
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 the required information. Return the completed application to the school cafeteria manager or mail it to: Round Hill Center, School Nutrition Services 20 High Street, Round Hill, VA 20141.
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 child in your household who is an LCPS student is missing from your eligibility notification, contact Claudia Suarez (Claudia.Suarez@lcps.org) at **540-751-2690** immediately.
5. CAN I APPLY ONLINE? **Yes!** You are encouraged to complete an on-line application instead of a paper application if you are able. The on-line application has the same requirements and will ask you for the same information as the paper application. Visit <https://lincconnect.com/> to begin or to learn more about the on-line application process. Contact Claudia Suarez (Claudia.Suarez@lcps.org), at **540-751-2690** if you have any questions about the on-line 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 October 10. **You must send in a new application** unless you receive a letter notifying 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: Ms. Sharon Willoughby ([Sharon.Willoughby@lcps.org](mailto:Sharon.Willoughby@lcps.org)) Chief Financial Officer, Assistant Superintendent, Business and Financial Services, 21000 Education Court, Ashburn, VA 20148, telephone number 571-252-1400.
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 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.
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 pays 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 Claudia Suarez ([Claudia.Suarez@lcps.org](mailto:Claudia.Suarez@lcps.org)) **540-751-2690** to receive a second application or download it at <http://lcpshealthycare.org>.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for VA SNAP or other assistance benefits, contact your local assistance office at 703-777-0353 (Leesburg) or 703-777-0555 (Sterling).

If you have other questions or need help, call **540-751-2690**.

Sincerely,

**Elizabeth B. Mills, MS, RDN, SNS**  
**Director, School Nutrition Services**