

YOU MAY QUALIFY FOR FREE OR REDUCED-PRICED SCHOOL MEALS

The process is simple and you can save your family hundreds of dollars per child, per school year.

In these tough economic times, it's important to maximize the value of your dining dollar, especially when it comes to your child.

Taking advantage of the **FREE or REDUCED-PRICE MEALS** offered by your school district is **EASY and Confidential!**



Child Nutrition Services
1076 Almond Road
Pittsgrove, NJ 08318

WHO CAN QUALIFY?
Anyone Can Apply at
Anytime During the School
Year.



HOW DO I APPLY?

- ✓ Complete the attached form and mail it to:
Child Nutrition Services c/o
Diane Johnson
1076 Almond Road, Pittsgrove NJ 08318
- ✓ Complete the attached form and send it with your child to his or her school
- ✓ Call the Food Service Office at **856-358-2054 x4108** and we will mail one to you immediately
- ✓ Call your child's school and one will be sent to you immediately
- ✓ Need us to drop it off to your home? Call Food Services at **856-358-2054 x4108**

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QUALITY OF LIFE SERVICES

YOU MAY QUALIFY FOR FREE OR REDUCED-PRICED SCHOOL MEALS

The process is simple and you can save your family hundreds of dollars per child, per school year.

Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

Income

Household income that is at or below the income eligibility levels

Categorical or Automatic Eligibility

Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

Program Participant

Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster

Child's enrollment in Head Start or Even Start

Income Eligibility

For those households that qualify for free or reduced-price meals based on income, an adult in the household must fill out free and reduced-price meal application and return it to

Pittsgrove Township School District c/o Diane Johnson

1076 Almond Road, Pittsgrove NJ 08318

856-358-2054 x4010

Those individuals filling out the application will need to provide the following information:

1. Names of all household members
2. Amount, frequency, and source of current income for each household member
3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
1. Signature of an adult household member attesting that the information provided is correct

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2020 to June 30, 2021											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED-PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TRICE PER EVERY TWO MONTH	WEEKS	WEEKLY	ANNUAL	MONTHLY	TRICE PER EVERY TWO MONTH	WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	12,760	23,006	1,916	964	606	454	15,588	1,301	620	636	219
2	17,350	31,864	2,659	1,329	874	614	22,472	1,869	931	862	431
3	21,750	45,181	3,740	1,876	1,246	779	29,238	2,351	1,170	1,066	541
4	26,200	58,470	4,940	2,526	1,685	933	38,060	2,939	1,426	1,312	659
5	31,680	76,798	6,470	3,305	2,183	1,292	50,884	3,924	1,962	1,534	787
6	38,180	101,048	8,421	3,711	2,420	1,351	67,708	5,009	2,300	1,758	870
7	45,900	131,334	11,012	4,896	3,221	1,811	91,332	6,492	2,440	1,982	991
8	54,920	168,622	14,462	6,001	3,940	2,170	121,956	8,484	3,384	2,306	1,121
For each add'l family member, add	4,480	8,288	691	345	218	180	5,824	486	243	224	112
ALASKA											
1	15,960	29,508	2,450	1,230	1,135	568	20,738	1,738	864	798	385
2	21,950	39,868	3,329	1,662	1,534	767	28,075	2,339	1,168	1,078	535
3	27,750	50,228	4,188	2,091	1,902	966	35,298	2,942	1,417	1,308	675
4	32,760	60,588	5,046	2,520	2,311	1,180	42,521	3,544	1,718	1,538	818
5	38,200	72,948	6,913	3,461	2,728	1,385	50,855	4,150	2,070	1,918	955
6	43,920	87,308	8,778	4,388	3,158	1,564	60,189	4,762	2,381	2,198	1,095
7	49,900	102,668	10,639	5,326	3,826	1,783	70,523	5,380	2,664	2,478	1,235
8	56,150	119,128	12,498	6,264	4,385	1,983	81,857	6,006	2,988	2,798	1,375
For each add'l family member, add	5,800	10,960	864	432	399	200	7,280	607	304	280	140
PRINCE EDWARD ISLAND											
1	14,880	27,758	2,264	1,132	1,045	525	19,064	1,591	795	734	367
2	19,830	36,884	3,058	1,529	1,411	706	25,779	2,146	1,075	990	495
3	24,980	46,213	3,882	1,926	1,778	886	32,474	2,701	1,354	1,240	625
4	30,330	55,741	4,744	2,325	2,144	1,072	39,189	3,256	1,633	1,507	754
5	35,980	65,469	5,634	2,724	2,511	1,264	46,164	3,822	1,911	1,764	885
6	41,930	75,397	6,552	3,113	2,877	1,430	53,390	4,396	2,182	2,022	1,011
7	48,180	86,525	7,488	3,514	3,244	1,614	60,965	4,989	2,469	2,270	1,148
8	54,730	98,853	8,442	3,915	3,612	1,800	69,490	5,592	2,748	2,537	1,265
For each add'l family member, add	5,550	9,526	794	397	367	184	6,695	558	279	259	129

Anything written on the application is used only to allow your child to have free or reduced price meals and to verify the information you provide.

Categorical or Program Eligibility

Pittsgrove Township School District is working with local agencies to identify all children who are categorically and program eligible. **Pittsgrove Township School District** will notify the households of these children that they do not need to complete an application. Any household that does not receive a letter and feels it should have should contact **Child Nutrition, Pittsgrove Township School District**

1076 Almond Road, Pittsgrove NJ 08318

856-358-2054 x4010

Any household that wishes to decline benefits should contact

Pittsgrove Township School District

1076 Almond Road, Pittsgrove NJ 08318

856-358-2054 x4010

Applications may be submitted anytime during the school year. The information households provide on the application will be used for the purpose of determining eligibility. Applications may also be verified by the school officials at any time during the school year.

Determining Eligibility

Under the provisions of the free and reduced-price meal policy, **<School District Name>** will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's eligibility determination may wish to discuss the decision with the Reviewing Official on an informal basis. Households wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to **Superintendent of Schools, <School District Name>, <School District Address>**

Unexpected Circumstances

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the attached current income eligibility guidelines.

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.

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