Dear Parent or Guardian:

Children need healthy meals to learn. The **Gloucester City Board of Education** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | FULL PRICE | | | REDUCED PRICE | | |
| Elementary | Middle | High | High | Middle | High |
| **School Lunch**  **(NSLP)**  **National School Lunch Program** | $2.75  (Second Meal) | $3.00  (Second Meal) | $3.00  (Second Meal) | $0.00 | $0.00 | $0.00 |
| **School Breakfast** | $1.30  (Second Meal) | $1.40  (Second Meal) | $1.40  (Second Meal) | $0.00 | $0.00 | $0.00 |
| **After School Snack** | $0.00 | $0.00 | $0.00 | N/A | N/A | N/A |
| **Special Milk Program** | N/A | N/A | N/A | N/A | N/A | N/A |
| **N/A – Not Applicable** | | | | | | |

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions.  For a convenient way to fill out the meal application, go to   
 [https://mealapp.lunchtimesoftware.net/](https://urldefense.com/v3/__https:/mealapp.lunchtimesoftware.net/__;!!J30X0ZrnC1oQtbA!dRvzSGHLy4pimLazlxil0B6HEzUBIDx3CQ5BGBEnCZpKQdcDwDheB-sksb6NaRX-wKqy9zKjpqE$)

**NATIONAL SCHOOL LUNCH PROGRAM (NSLP)**

**FREQ UE N TL Y ASKE D Q UE STIO NS A BO UT T HE APPL IC ATI O N FO R F REE AN D RED UC E D P RIC E SCHO OL ME ALS**

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.

Use this link to access: <https://www.fns.usda.gov/cn/fr-021622>

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:

**Sarah Bell**

**School Business Administrator**

**1300 Market Street**

**Gloucester City, NJ 08030**

[**sbell@gcsd.k12.nj.us**](mailto:sbell@gcsd.k12.nj.us)

**Phone: 856-456-7000 ext. 2160**

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](http://www.njfamilycare.org/) for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to: [www.nj.gov/health/fhs/wic.](http://www.nj.gov/health/fhs/wic)

If you have other questions or need help, call: Jody McQuaid at 856-456-7000 ext. 2160

Sincerely,

Sarah Bell

Business Administrator