

Dear Parent/Guardian:

2020-2021 School Year

Children need healthy meals to learn. Charleston County School District offers healthy meals every school day. Breakfast costs \$1.40 and lunch costs \$2.25 for all students. Reduced price breakfast costs \$.30 and reduced price lunch costs \$.40.

Federal Income Chart  
Effective July 2020 to June 30, 2021

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
(1)	23,606	1,968	984	908	454
(2)	31,894	2,658	1,329	1,227	614
(3)	40,182	3,349	1,675	1,546	773
(4)	48,470	4,040	2,020	1,865	933
(5)	56,758	4,730	2,365	2,183	1,092
(6)	65,046	5,421	2,711	2,502	1,251
(7)	73,334	6,112	3,056	2,821	1,411
(8)	81,622	6,802	3,401	3,140	1,570

Your child may qualify for free **OR** reduced price meals if your gross household income falls within the limits on this chart.

If your income exceeds the guidelines, it is not necessary for you to apply.

<b>For each Additional Family member</b>	+8,288	+691	+346	+319	+160
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There are two ways to apply: (1) Complete a traditional paper application; or (2) Apply online at [www.LunchApplication.com](http://www.LunchApplication.com)

**Frequently asked questions:**

- 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.
- Who can get free meals?** Children in households getting SNAP (formerly Food Stamps) or TANF and foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 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 Income Guidelines.
- 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). You must include yourself and all children who live with you.
- 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 the first few days of this school year. You must send in a new application unless you received a Notice of Predetermined Eligibility.
- What if my income is not always the same?** List the gross amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No. If the combat pay is received in addition to basic pay because of deployment and it wasn't received before being deployed, combat pay is not counted as income. Contact the processing office at 843-746-1375 for more information.
- Can homeless, runaway, migrant and head start children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. Children in the head start program qualify for free meals. If you haven't been told your children will get free meals and you meet the homeless runaway or migrant definition please call or e-mail Sonya Jones at 843-937-6396 or [sonya\\_jones@charleston.k12.sc.us](mailto:sonya_jones@charleston.k12.sc.us) to see if they qualify. If your child is approved for the Head Start program and is not receiving free meals please call or e-mail Ethel Stormer at 843-901-3973 or [ethel\\_stormer@charleston.k12.sc.us](mailto:ethel_stormer@charleston.k12.sc.us)
- I get WIC. Can my child (ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

11. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the Nutrition Services Office at 843-746-1375 (outside Charleston, call toll free at 1-800-241-8898) if you have questions.
12. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child (ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
13. **Will the information I give be checked?** Yes, we may ask you to send written proof.
14. **How will I know if my application is approved?** You will be notified by mail once a determination has been made. Your child's meal status will automatically download to the cafeteria computer system. **Benefits begin the day your application is processed and approved in the business office. Please note that students new to the district must pay full price for meals until their applications are approved.** If you do not receive a notification letter, or to check on the status of your application, contact the cafeteria manager at your child's school or call the processing office at 843-746-1375.
15. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your child (ren) may be able to get free or reduced price meals.
16. **What if I disagree with the school's decision about my application?** You should talk to the CCSD Nutrition Services Office at 843-746-1375 (outside Charleston, call toll-free at 1-800-241-8898). You also may ask for a hearing by writing to: Director, Nutrition Services Office, 3999 Bridge View Drive, North Charleston, SC 29405.
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 your school for assistance.

To receive free or reduced price meals during the 2020-2021 school year, your child must have a **new** application on file. We cannot approve an application that is incomplete or illegible. **Fill out all required information and print clearly.** Mail your completed application to: School Meals Application, CCSD Nutrition Services Office, 3999 Bridge View Drive, North Charleston, SC 29405 **or** return it to your child's school. If you prefer, you can also apply online at [www.LunchApplication.com](http://www.LunchApplication.com).

All applications are sent to the Nutrition Services Office where they are processed and kept on file. Information reported on your application is kept strictly confidential and your child will not be overtly identified if approved to receive free or reduced price meals. All cafeterias are equipped with a Point of Sale computer system which allows every student to have a personal serving number regardless of meal status.

If you have other questions or need help, call 843-746-1375 (outside Charleston, call toll-free at 1-800-241-8898).

Sincerely,

*Charleston County School District  
Nutrition Services Office*

Las solicitudes en español están disponibles en la escuela de su niño(a).  
¿Preguntas? ¿Necesita Ayuda? Llame al (843) 860-5891

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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., 20250-941
- (2) Fax: (202) 690-7442
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

# 2020-2021 FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Questions? Need Help? Call 843-746-1375 or 1-800-241-8898 (outside Charleston)

Para asistencia en español, llame al (843) 860-5891

Return your completed application to your child's school or mail directly to the processing office at:  
School Meals Application, CCSD Nutrition Services, 3999 Bridge View Drive, North Charleston, SC 29405

**\*\*\* Online Option - If you prefer, you can apply online at [www.LunchApplication.com](http://www.LunchApplication.com) \*\*\***

You will be notified by mail after your application is processed.

## Instructions:

- If you receive SNAP (Food Stamps) or TANF, complete Parts 1, 2 and 5 (a social security number is not necessary).
- If you **DO NOT** receive SNAP (applying based on income), complete Parts 1, 4 and 5.
- If you have a Foster Child:  
 If all children in the household are foster children, complete Part 1 (check the box indicating each child is a foster child) and Part 5 (a social security number is not necessary).  
 If only some of the children in the household are foster children, complete Part 1 (check the box if the child is a foster child), Part 4 and Part 5.
- If the student is head start, homeless, migrant or runaway, complete Parts 1, 3, 4 and 5.

**Please provide all required information and print clearly.**  
**Incomplete applications will be returned.**

## Part 1 – CHILDREN IN CHARLESTON COUNTY SCHOOL DISTRICT:

List all children on the same application. Complete only one application per household.

<i>First Middle Initial Last</i> (Write name as it appears on Birth Certificate)	School	Grade	<i>Check if a foster child</i> (legal Responsibility of welfare agency or court)
			<input type="checkbox"/>

**Part 2 - IF YOU RECEIVE SNAP (formerly Food Stamps) OR TANF, COMPLETE THIS PART:** If any member of your household receives SNAP or TANF, provide the name and case number for the person who receives benefits:

Name: \_\_\_\_\_ Case #: \_\_\_\_\_ **(DO NOT PUT YOUR EBT NUMBER)**

If you do not know your Case Number, call your Caseworker or the DSS office at 843-953-9400.

**Go to Part 5 (on the back)**

**Part 3 – PLACE A CHECK IN THE BOX BELOW IF A CHILD IS HOMELESS, MIGRANT, RUNAWAY, OR HEAD START** (Call Sonya Jones Homeless/Migrant/Runaway Coordinator at 843-937-6396, if you selected Homeless, Migrant or Runaway).

Homeless    Migrant    Runaway    Head Start

**Go to Part 4 (on the back)**

**Part 4 : IF YOU DO NOT RECEIVE SNAP**, you must tell us how much you earn and how often:

- (1) **In the space below, put the name of EVERY person living at your address, related or not (such as grandparents, ALL students at ANY school, other relatives or friends).**
- (2) **Next to each person's name, list the amount and type of income they receive, and how often they receive it. Check the box if no income was received or list zero. Any income field that is left blank is an indication there is no income to report.**

**Column 1:** List the **gross income** each person earned from work. **GROSS INCOME IS THE AMOUNT EARNED BEFORE TAXES AND OTHER DEDUCTIONS. DO NOT PUT TAKE HOME PAY.** Next to the amount, write **HOW OFTEN** the person got it (example: weekly, biweekly, twice a month, monthly or yearly).

**Column 2:** List any welfare, child support or alimony received and **HOW OFTEN**.

**Column 3:** List any pensions, retirement, social security, Supplemental Security Income (SSI) and disability benefits received and **HOW OFTEN**.

**Column 4:** List any Unemployment benefits or Workers' Compensation received and **HOW OFTEN**.

**Column 5:** List any other income: Veteran's Benefits (VA Benefits), military benefits received in cash, strike benefits, **REGULAR CONTRIBUTIONS FROM PEOPLE WHO DO NOT LIVE IN YOUR HOUSEHOLD** and **ANY OTHER INCOME** (cash amounts received or withdrawn from savings, investments, trust accounts or other resources). Report net income for self-owned business, farm or rental income. Next to the amount, write **HOW OFTEN** it was received. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

1. How many people live in the household? \_\_\_\_\_

2. Put the gross income (before deductions) for EACH household member and how often it is received: **Example:** Weekly - Every Other Week - Twice a Month - Monthly - Yearly  
**If the person received no income, check the box in the last column**

List each person's name below.  (Skip this part if you put your SNAP Case Number in Part 2)	Column 1	Column 2	Column 3	Column 4	Column 5	Check if No Income
	Earnings from work <b>before deductions</b> (Not take home pay)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, Disability Benefits	Unemployment, Workers Comp	Other Income	
1.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>
2.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>
3.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>
4.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>
5.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>
6.	Amount How Often? \$ ____/____	Amount / How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	Amount How Often? \$ ____/____	<input type="checkbox"/>

Attach another sheet of paper if you need to

**Go to Part 5**

**Part 5 - Signature and Social Security Number:** ***An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.***

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand the information provided on this application may be used to verify my household's eligibility for benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand that my child's eligibility status may be shared as allowed by law.*

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Print Name Here: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Signer's Social Security Number: X X X - X X - \_\_\_\_\_ **OR**  I do not have a Social Security Number

Street \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 6 - Children's racial and ethnic identities (optional)**

Mark one or more racial identities:  Asian  Black or African American  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  White  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino