

School District of Osceola County]

Announces its policy for Free and Reduced-Price Meals for students under the

NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS

Any interested person may review a copy of the policy by contacting

**Rae Hollenbeck 2320 New Beginnings Road
Kissimmee, FL 34744
407-870-4678**

Household size and income criteria will be used to determine eligibility. An application can not be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire year. You need not notify the organization of changes in income and household size.

Application forms are available online at: www.osceola.k12.fl.us. To apply for Free or Reduced-Price Meals, households must complete the application on line. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year. Applications may be submitted at any time during the year.

Households that receive SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) are required to list on the application only the child's name, SNAP/TANF case number, and signature of adult household member.

Foster children will receive free benefits regardless of the child's personal income or the income of the household.

Households with children who are considered migrants, homeless, or runaway should contact the **Families in Transition Office** at **407-870-4934**

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Additionally, a housing allowance that is part of the Military Housing Privatization Initiative is not to be included as income.

All other households must provide the following information listed on the application:

- Total household income listed by gross amount received, type of income (e.g., wages, child support, etc.) and how often the income is received by each household member;
- Names of all household members – check the “no income” box if applicable; if household member is a child, list school name for each;
- Signature of an adult household member certifying the information provided is correct; and
- The last four digits of the Social security number of the adult signing the application, or check the box indicating “NONE” for this household member if he or she does not have a social security number.

If a household member becomes unemployed or if the household size changes, you may apply/re apply at any time during the school year

Under the provisions of the Free and Reduced-Price meal policy

Director of Food Service

will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he or she may wish to discuss the decision with the determining official on an informal basis. If the parent wishes to make a formal appeal, he or she may make a request either orally or in writing to

**Director of Student Services 1200 Vermont Ave St Cloud, FL 34769
407-870-4678**

Unless indicated otherwise on the application, the information on the Free and Reduced-Price Meal application may be used by the school system in determining eligibility for other educational programs.

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective from July 1, 2014, to June 30, 2015

FREE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,171	1,265	633	584	292
2	20,449	1,705	853	787	394
3	25,727	2,144	1,072	990	495
4	31,005	2,584	1,292	1,193	597
5	36,283	3,024	1,512	1,396	698
6	41,561	3,464	1,732	1,599	800
7	46,839	3,904	1,952	1,802	901
8	52,117	4,344	2,172	2,005	1,003
For each additional family member, add	+ 5,278	+ 440	+ 220	+ 203	+ 102

REDUCED-PRICE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	+ 7,511	+ 626	+ 313	+ 289	+ 145

Only Seasonal and/or Migrant workers can report income as annual on the meal application.

To determine annual income:

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

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