

## 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

**Judith Gordon 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.

Information letters to parents or guardians will be sent home with each student on the first day of school. To apply for Free or Reduced-Price Meals, households must complete the application online at [www.osceolaschools.net](http://www.osceolaschools.net). Paper copies are available at the address listed above, and at the office in each school. 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 **407-870-4983**

**Applications will not be accepted for students attending a CEP school. All students eat at no cost at CEP schools.**

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 the word “NONE” for this household member if he or she does not have a social security number.

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

## School Nutrition Services Director

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

**Daryla Bungo 1200 Vermont Avenue St Cloud, FL 407-870-4897**

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, 2020 to June 30, 2021

<b>FREE MEAL SCALE</b>					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, add	+5,824	+ 486	+ 243	+ 224	+ 112

<b>REDUCED-PRICE MEAL SCALE</b>					
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
For each additional family member, add	+ 8,288	+ 691	+ 346	+ 319	+ 160

## **Applications are available online at [www.oceolaschools.net](http://www.oceolaschools.net)**

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

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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, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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