

ONLINE APPLICATION
FOR FREE AND REDUCED PRICE SCHOOL MEALS

If you wish to complete the application online go to

<https://www.myschoolapps.com>

Search for Fannin County's application by using the zip code **30513**.



Please read these helpful tips.

- You only need to **complete one application for each family**. You do not have to complete a separate application for each child.
- You do not need to complete the online application and a paper application.

2021-2022 FANNIN COUNTY SCHOOLS Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Si es necesario que esta información sea traducida en su idioma, por favor de comunicarse con la escuela de su hijo.

App. Number _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the Child Income question. The **Sources of Income for Adults** section will help you with the All Adult Household Members section.

Child's First Name	MI	Child's Last Name	School Name	Grade	Birthdate (MMDDYY)	Student?		Homeless, Migrant, Runaway
						Yes	No	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Anyone who is living with you and shares income and expenses, even if not related.) Skip this step if you answered 'Yes' to STEP 2)

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):
 Hispanic or Latino
 Not Hispanic or Latino
Race (check one or more):
 American Indian or Alaskan Native White
 Asian Black or African American Native Hawaiian or Other Pacific Islander

A. Child Income

Sometimes children in the household earn income. Please list the TOTAL gross income earned by the children listed above in STEP 1.

Child income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

MAILING Address Apt #

City State Zip

Daytime Phone and Email (optional)

Printed name of adult completing the form

Signature of adult completing the form

Today's date

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS

Dear Parent/Guardian: Children need healthy meals to learn. Fannin County Schools offer healthy meals every school day. Breakfast and lunch will be free for all students during the 2021-2022 school year as Fannin County Schools participates in the Seamless Summer Option. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS? All children in households receiving benefits from **SNAP** or **TANF**, are eligible for free meals. **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Children participating in their school's Head Start program are eligible for free meals.** Children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$23,828	\$ 1,986	\$993	\$917	\$459
2	\$32,227	\$ 2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$ 3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$ 4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$ 4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$ 5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$ 6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$ 6,886	\$3,443	\$3,178	\$1,589
Each additional person:	+\$8,399	+\$700	+\$350	+\$324	+\$162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? 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? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or email Tara Cantrell at tcantrell@fannin.k12.ga.us, 706-632-6100.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meal Application 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 the cafeteria manager at any Fannin County School District school.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A 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 the Fannin County School Nutrition at 706-258-2619 immediately.

5. CAN I APPLY ONLINE? Yes, you can apply online at <https://www.myschoolapps.com> enter zip code 30513.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

10. 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: Robert Ensley, Fannin County School System, Assistant Superintendent, Personnel and Administration, 2290 East 1st Street, Blue Ridge, GA 30513; or 706-632-3771.

11. 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 for free or reduced price meals.

12. 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.

13. 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

14. 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.

15. 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 or contact your child's school to receive a second application.

16. 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 **1-877-423-4746**.

If you have other questions or need help, call (706) 258-2619 EXT. 29 OR 30 for more information.

Sincerely, Martha F. Williams, Director of School Nutrition & Wellness, Fannin County School System.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination statement: 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](https://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. This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING PLEASE PRINT NEATLY WITH PEN. ONE APPLICATION PER HOUSEHOLD

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12.

For each student, print the student's first name, middle initial, last name, school, grade, and birthdate. If any students listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4. If you believe any student listed in this section may be Homeless, Migrant, Runaway, or Head Start check the appropriate box and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN SNAP (formerly known as Food Stamps), or Temporary Assistance for Needy Families (TANF)? If anyone in your household participates in the assistance programs listed, your children are eligible for free meals. Enter a current state of Georgia case number.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS. A) Report all income earned by children. (Many households do not have child income.) Report the combined gross income for ALL children listed in Step 1. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them. **B)** List all other Household member's names and gross income. Do not list any household members you listed in STEP 1.

SOURCES OF INCOME FOR CHILDREN: Earnings from work (A child has a job where they earn a salary or wage.), Social Security (Disability Payments or Survivor's Benefits.), Income from persons outside the household (A friend or extended family member regularly gives a child spending money.), income from any other source (A child receives income from a private pension fund, annuity, or trust.)

SOURCES OF INCOME FOR ADULTS: Earnings from Work (Gross earnings, make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay), Public Assistance/Alimony/Child Support (Unemployment benefits, Worker's compensation, SSI, cash assistance from State or local government, alimony payments child support payments, Veteran's benefits.), Pensions/Retirement/All Other income (Social Security, Private pensions or disability, income from trusts or estates, annuities, investment income, earned interest, rental income, regular cash payments from outside the household.), Self-employment income (report income from work as a net amount subtracting business expenses.) If you are in the U.S. Military include basic pay, cash bonuses and allowances for off-base housing, food and clothing. **DO NOT** include combat pay, FSSA or privatized housing allowances.

REPORT TOTAL HOUSEHOLD SIZE: This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. Provide the last four digits of your Social Security Number. If no adult household member has a Social Security Number, then check the box labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. All applications must be signed by an adult member of the household. Provide your contact information and date the application with today's date.

OPTIONAL: Share Children's racial and ethnic identities. This field is optional and does not affect your child's eligibility for free or reduced-price school meals.

Until your application is processed and you have been notified of your benefit status, please provide your child(ren) with money to purchase meals or provide a meal from home. Meal prices are listed at the top of this page.

Notice for Language and Disability Assistance for the School Nutrition Program

If you have difficulty communicating with us or understanding this information because you do not speak English or have a disability, please let us know. Contact ([contact information](#)). Free language assistance or other aids and services are available upon request.

Spanish _Español:

Si tiene dificultades para comunicarse con nosotros, o para entender esta información porque no habla inglés o tiene alguna discapacidad, por favor infórmenos. Comuníquese con ([información de contacto](#)). Tenemos disponibilidad de servicios gratuitos de ayuda en otros idiomas y otro tipo de asistencia y servicios cuando lo solicite.

Chinese 中文:

如果您因为不会说英语或有残疾而无法与我们沟通或了解这些信息，请与我们联系。联系方式 ([联系信息](#))。我们会根据需求提供免费语言援助或其他辅助和服务。

Korean :한국어

귀하께서 영어를 알지 못하거나 장애로 인해 저희와의 의사소통 또는 이 정보에 대한 이해에 어려움이 있는 경우에는 저희에게 알려주십시오. 연락처 ([연락처 정보](#)) 요청에 따라 무료 언어 지원 또는 기타 보조 수단 및 서비스를 이용하실 수 있습니다.

Vietnamese Việt

VI: Vui lòng cho chúng tôi biết nếu quý vị gặp khó khăn khi giao tiếp với chúng tôi hoặc khó hiểu thông tin này vì quý vị không nói tiếng Anh hoặc bị khuyết tật. Liên lạc theo ([thông tin liên lạc](#)). Luôn có hỗ trợ ngôn ngữ miễn phí hoặc trợ giúp và dịch vụ khác theo yêu cầu.

German _Deutsch:

Falls Sie Schwierigkeiten haben, mit uns zu kommunizieren, Sie kein Englisch sprechen oder behindert sind, so teilen Sie uns dies bitte mit. Kontakt ([Kontaktdaten](#)). Auf Anfrage erhalten Sie kostenfreie Sprachunterstützung oder sonstige Hilfen und Dienstleistungen.

French _Français:

Si vous avez des difficultés pour vous communiquer avec nous ou pour comprendre ce document car vous n'êtes pas anglophone ou parce que vous êtes en situation d'handicap, veuillez nous en informer.

Contact ([informations de contact](#)). Une assistance linguistique gratuite ou d'autres aides et services sont disponibles sur demande.

Portuguese _Português:

Se você tiver qualquer dificuldade para se comunicar conosco ou entender estas informações porque não fala inglês ou tem alguma deficiência, informe-nos. Entre em contato com ([informações de contato](#)). Oferecemos assistência gratuita para o idioma ou outros tipos de auxílio e serviços, mediante solicitação.

Hindi नहीं:

अगर आपको अंग्रेजी में बात नहीं कर पाने या अंग्रेजी समझने में असमर्थता के कारण हमसे बातचीत करने या

इस जानकारी को समझने में कठिनाई होती है, तो कृपया हमें बताएँ। 'संपर्क जानकारी' पर संपर्क करें। निःशुल्क भाषा सहयोग या अन्य साधन और सेवाएँ अनुरोध पर उपलब्ध हैं।

Gujarati ગુજરાતી:

જો તમને, ઇંગ્લિશ નથી બોલતા તેને કારણે કે કોઈ વિકાંગતાને કારણે, અમારી સાથે િંતયીત કરામાં કે આ માહિતી

સમજામાં તકિફ પડતી િોય તો, કૃપા કરી અમને જણાવો. સાંપકક (સાંપકકની માહિતી). ભાષા અંગે મદદ કે અન્ય સિાય

વિનતાં િ કરાથી વન:શલુ ક મળશે.

Nondiscrimination Statement: 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

This institution is an equal opportunity provider.