

Lake Wales Charter Schools
Food Service for the 2021-2022 School Year
Lake Wales High School, Bok Academy, Bok North Academy

Lake Wales Charter Schools will be participating in an emergency food program this school year that will provide meals to all our students free of charge regardless of their family's income. Families will not need to apply for this for benefit, but we strongly encourage any qualifying family to complete the traditional meal benefit application.

Families that complete a qualifying income-based application will establish a carryover eligibility status for their student(s) that can be used for the first thirty days of the 2022-23 school year. Without this carry over status your students will begin the 2022-23 as a full pay student(s). In addition, qualifying income-based applications could provide your student(s) with the opportunity to take advantage of programs that are income-based and to qualify for SAT and/or ACT waivers that could allow your student to take the exam(s) free of charge.

To determine if your family qualifies for income-based programs please see the income eligibility guidelines for the 2021-22 school year that are printed on the revers side of this correspondence. If your family meets the qualifying guidelines, please complete an application online at lunchapplication.com or by using the paper application provided by your school.

If you have any question, please feel free to contact us at:

Chris Reams – Director
chris.reams@lwcharterschools.com
863-678-4222 Ext. 7005

Reinaldo Cuadrado – Assistant Director
reinaldo.cuadrado@lwcharterschools.com
863-678-4222 Ext. 7014 (español)

**FLORIDA INCOME ELIGIBILITY GUIDELINES
FOR FREE AND
REDUCED-PRICE MEALS**

Effective from July 1, 2021 to June 30, 2022

FREE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add	+ 5,902	+ 492	+ 246	+ 227	+ 114

REDUCED-PRICE MEAL SCALE					
Household Size	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
For each additional family member, add	+ 8,399	+ 700	+ 350	+ 324	+ 162



2021-2022 FAMILY APPLICATION FOR MEAL BENEFITS

Solicitud de Beneficios de Alimentos para Familia 2021-2022

PLEASE COMPLETE ONE APPLICATION PER HOUSEHOLD / POR FAVOR COMPLETE UNA SOLICITUD POR HOGAR

1 Complete, sign and return this application to your school. List all Lake Wales Charter Schools students living with you.
Complete, firme y devuelva esta solicitud a su escuela. Mencione todos los estudiantes de Lake Wales Charter School que viven con usted.

ALL STUDENTS attending Bok Academy, Bok North or Lake Wales High School TODOS los estudiantes que asisten a Bok Academy, Bok North o Lake Wales High School			Student ID Number Número de identificación de estudiante	"X" if FOSTER CHILD / "X" si es hijo de crianza	School / Escuela Bok Academy, Bok North or Lake Wales HS	Date of Birth Fecha de Nacimiento (mm/dd/yy)	Grade Grado
First Name / Primer Nombre	Last Name / Apellido	MI / Inicial					
				<input type="checkbox"/>		/ /	
				<input type="checkbox"/>		/ /	
				<input type="checkbox"/>		/ /	
				<input type="checkbox"/>		/ /	
				<input type="checkbox"/>		/ /	

2 SNAP AND TANF - Formerly Food Stamps / SNAP y TANF - Anteriormente Cupón de Alimentos

List the case number for ANY household member (including adults and children) receiving SNAP or TANF benefits. **GO TO PART 5.**
 Indique el número de caso de CUALQUIER miembro familiar (incluyendo adultos y niños) que reciban beneficios de SNAP o TANF. **VAYA A LA PARTE 5.**

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3 Homeless, Migrant, and Runaway / Sin Hogar, Migrante y Fugitivo del Hogar

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the: Homeless Liason / Migrant Coordinator - Angela Heyward at (863) 679-6560. **Complete 4 and 5.**
 Si el niño por el cual está solicitando está sin hogar, es migrante o se ha fugado de su hogar, marque la casilla apropiada y llame al: enlace de hogares / coordinador para migrantes, Angela Heyward al (863) 679-6560. **Complete 4 y 5.**

Homeless / Sin Hogar
 Migrant / Migrante
 Runaway / Fugitivo del Hogar

4 Household Members: Print the names and income of ALL ADULTS and CHILDREN living in your home - related or unrelated. Complete PART 5.
Miembros del Hogar: Escriba en letra de molde los nombres e ingresos de TODOS LOS ADULTOS y NIÑOS viviendo en su hogar - emparentados o no. Complete la PARTE 5.

W=Weekly/Semanal E=Every Other Week/Cada semana T=Twice per Month/Dos veces al mes M=Monthly/Mensualmente A=Annual*/Anualmente*
 *Only seasonal, migrant, or self-employed families are permitted to report annual income.

List names of ALL Household members, including the student(s) listed in Part 1 above. Lista de nombres de todos los miembros del hogar, incluyendo el estudiante enumerado en la parte 1 anteriormente. First / Primer Nombre Last / Apellido	Check if NO income Verifica si NO ingreso	Gross Income Before Deductions Ingreso Bruto Antes de las Deducciones	Frequency/Frecuencia (See codes above/Ver códigos de arriba)	Income from Welfare, Child Support, Alimony, Ingreso de Bienestar Público, Manutención de hijos, Pensión de Cónyuges	Frequency/Frecuencia (See codes above/Ver códigos de arriba)	Income from Pensions, Retirement, Social Security, Other Ingreso de Pensión, Retiro, Seguro Social, Otro Ingreso	Frequency/Frecuencia (See codes above/Ver códigos de arriba)
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A
	<input type="checkbox"/>	\$	W E T M A	\$	W E T M A	\$	W E T M A

5 Signature and Last 4 Digits of Social Security Number / Firma y Los Últimos Cuatro del Número de Seguro Social

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 that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
 Certifico (prometo) que toda la información que indiqué en esta solicitud es verdadera y que declaré todos los ingresos. Entiendo que la escuela recibirá fondos federales con base en la información que yo declare. Entiendo que los funcionarios escolares pueden verificar la información. Entiendo que si doy información falsa a propósito, mis hijos podrían perder sus beneficios de comida y a mí se me podría procesar judicialmente.

Signature of Adult Household Member - Signature Required Firma de un miembro adulto del hogar - Se requiere firma
 I do not have a Social Security Number No tengo número de Seguro Social

Print Parent/Guardian First Name _____ Print Parent/Guardian Last Name _____
 Mailing Address / Dirección de correo _____ Apt. # _____
 City / Ciudad _____ State / Estado _____ Zip Code/ Código Postal _____

Date Signed / Fecha de firma _____ Telephone Number / Número de teléfono _____

STAFF USE ONLY

Staff Signature _____ Date _____
 Free Reduced Denied

OTHER INFORMATION

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Sus hijos podrían calificar para recibir comidas gratuitas o a precios reducidos si los ingresos de su unidad familiar corresponden a, o están por debajo de los límites señalados en este cuadro.

2021-2022 FEDERAL ELIGIBILITY INCOME CHART FOR REDUCED MEALS					
Tabla Federal de Salarios Elegibles Para Almuerzo Reducido					
para el año escolar 2021-2022					
Household Size Tamaño de la unidad familiar	Annually Anualmente	Monthly Mensualmente	Twice Per Month Dos veces al mes	Every Two Weeks Cada semana	Weekly Semanal
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
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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

Privacy Act Statement: This explains how we will use the information you give us.

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.

La ley de almuerzos escolares Richard B. Russell National School Lunch Act ordena que se proporcione la información que se pide en esta solicitud. No tiene que darnos la información, pero si no lo hace, no podemos aprobar las comidas gratuitas o a precios reducidos para su hijo. Usted tiene que incluir los últimos cuatro dígitos del número de Seguro Social del miembro adulto de la unidad familiar que firme la solicitud. Esos últimos cuatro dígitos del número de Seguro Social no se requieren si usted solicita en nombre de un hijo de crianza o si provee un número de caso de los programas Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) o Food Distribution Program on Indian Reservations (FDPIR), o bien otro número de identificación del FDPIR para su hijo, y tampoco si indica que el miembro adulto de la unidad familiar que firma la solicitud no tiene un número de Seguro Social. Usaremos su información para decidir si su hijo reúne los requisitos para recibir comidas gratuitas o a precios reducidos, así como para administrar y hacer cumplir los programas de almuerzos y desayunos. PODEMOS compartir su información de elegibilidad con ciertos programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar los beneficios de sus programas, con los auditores de revisión de programas y con funcionarios del orden público para ayudarlos a investigar violaciones de las reglas de los programas.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Declaración de no discriminación: Explica qué hacer si cree que lo han tratado de manera injusta. "De conformidad con el derecho federal y con la política del Departamento de Agricultura de EE.UU., se prohíbe a esta institución discriminar por motivos de raza, color, nacionalidad de origen, sexo, edad, o discapacidad. Para presentar una queja por discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratuitamente al (866) 632-9992 (voz). Las personas con impedimentos de audición o discapacidades del habla se pueden comunicar con el USDA por medio del servicio de retransmisión federal (Federal Relay Service) al (800) 877-8339 o al (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos".

LAKE WALES CHARTER SCHOOLS
FOOD SERVICE ACCOUNT BALANCE POLICY
2021-2022

Good nutrition is a key factor in student success. The LWCS system recognizes that everyone forgets to send money for his/her child occasionally. The system also recognizes the need for good financial responsibility for our food service programs to be successful. When school meals are not paid for, both the students and the school system are impacted. Particularly at a time when food costs are escalating, it becomes even more critical to receive payment from families for meals provided at school.

We recommend and encourage parents to regularly deposit monies into the student's account. Should the occasion arise when there is a zero balance in the student's account, LWCS will allow the student to charge one day of regular food service which includes one breakfast at the cost of \$1.25 (full price) and one lunch at the cost of \$2.90 (full price).

**Students that are approved for free meals will not be denied a meal, even if they have a negative balance for other cafeteria purchases. This provision does not include meals purchased from A La Carte.*

A student carrying a negative balance can purchase regular meals if monies are provided to cover the cost of that day's meal service. A negative balance will not preclude the student from participating in the regular lunch program if monies are provided for the meal service. However, it may impede his/her participation in extracurricular activities such as field trips, dances, and/or special events until the account has been paid in full.

Letters will be delivered weekly to students whose account balances are reflecting a negative balance and reminders will be sent to parents via e-mail for those who have established online accounts on k12paymentcenter.com. Registration for this service is free; however, bank fees will be applied for all deposits made online. LWCS encourages all parents to register for this service to monitor their student's account activity.

Families may qualify for free or reduced-price meals. To determine qualification status, parents must complete a Free and Reduced Lunch Application and return it to the school office. Parents will still be responsible for any charges that have previously accrued, as well as any charges that are incurred while the application is being reviewed. Students who had received free or reduced-price status at a school that is part of Lake Wales Charter Schools by the end of the previous year, will receive those benefits for the first 30 school days of the new school year. However, it is imperative that the parent complete an application within the first month of the new school year to reestablish benefits in accordance with current National School Lunch Program guidelines. If there are extenuating circumstances, please contact the principal at your student's school.

**LWCS will protect the confidentiality of a student's meal benefits by utilizing a point of sale system that does not overtly distinguish a student as having paid, free, or reduced status.*

A copy of this policy may be found on LWCS website and will be given to the student at the beginning of the school year along with the lunch benefit application. Policy may also be obtained anytime by contacting Chris Reams at 863-215-8440. *Families enrolling students after the beginning of the school will be given a copy of this policy at the time of enrollment.*

Current Full Pay Meal Pricing:

	<u>Adult</u>	<u>Student</u>	<u>Reduced-Price Student</u>
Breakfast	\$2.00	\$1.25	.30
Lunch	\$3.50	\$2.90	.40