



2022-23 FAMILY APPLICATION FOR MEAL BENEFITS
Solicitud de Beneficios de Alimentos para Familia 2022-23

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 (10 digits) Número de identificación de estudiante (10 dígitos)	"X" if FOSTER CHILD / "X" si es hijo de crianza	School / Escuela Bok Academy, Bok North or Lake Wales High School	Date of Birth Fecha de Nacimiento (mm/dd/yy)	Grade Grado
First Name / Primer Nombre	Last Name /Apelido	MI / Inicial		<input type="checkbox"/>		/ /	
				<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 Liasion / 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 /Apelido	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)	(W E T M A)	\$ [][][][] . [][] (W E T M A)	(W E T M A)
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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.

X

Signature of Adult Household Member - Signature Required Firma de un miembro adulto del hogar - Se requiere firma

Print Parent/Guardian First Name

Print Parent/Guardian Last Name

X X X - X X - [][][][]

Social Security Number / Número de Seguro Social

I do not have a Social Security Number
No tengo número de Seguro Social

Mailing Address / Dirección de correo

Apt. #

[][][] / [][][] / [][][][][][][][]

Date Signed / Fecha de firma

[][][] - [][][] - [][][][][]

Telephone Number / Número de teléfono

City / Ciudad

State / Estado

Zip Code / Código Postal

SCHOOL 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.

2022-2023 FEDERAL ELIGIBILITY INCOME CHART FOR REDUCED MEALS					
Tabla Federal de Salarios Elegibles Para Almuerzo Reducido					
para el año escolar 2022-23					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family	+8,732	+728	+364	+336	+168

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.

Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider.

Ley de privacidad: Esto explica como usaremos la información que nos provee.

La ley nacional de comidas escolares Richard B. Russell requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que firma la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Supplemental Nutrition Assistance Program (SNAP - Programa de asistencia de nutrición complementaria), Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) Program or Food Distribution Program on Indian Reservations (FDPIR Programa de distribución de alimentos en reservas indias) u otro identificador FDPIR de su niño, o cuando indica que el miembro adulto de la vivienda que firma la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa.

No discriminación:

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usdaprogram-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por: correo: U.S. Department of Agriculture / Office of the Assistant Secretary for Civil Rights / 1400 Independence Avenue, SW / Washington, D.C. 20250-9410; or fax: (833) 256-1665 o (202) 690-7442; o correo electrónico: program.intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades.

FOOD SERVICE - FREQUENTLY ASKED QUESTIONS (FAQ)

Only the elementary school students are guaranteed to eat for free at Lake Wales Charter Schools. All other students must submit an application. Please, read below.

1. Where is the application for meal benefits available?
Online at www.lunchapplication.com (recommended method) or you can ask for a paper copy at the school.
2. Do I need to complete an application for meal benefits so my child can have free or reduced lunch?
Yes.
3. How often do I need to apply?
Yearly, at the beginning of the school year.
4. Do I need to complete the application even if my child received the benefits during the last school year?
Yes. If you don't, your child will lose the benefits and will be charged as a full paid student. You will be responsible for those charges.
5. What happens if I don't submit an application?
Your child will be charged as a full paid student. You will be responsible for those charges.
6. Will the debt be erased if I apply subsequently, and qualify for the meal benefits?
No. You will be responsible for the total amount of the debt incurred.
7. How do I know if my child qualifies for meal benefits?
The best way to know is applying. There is also an income chart provided with the application that will help you determine if your child qualifies.
8. Will my child qualify for benefits if the household receives SNAP or TANF?
Yes. However, you still need to complete the application for meal benefits.
9. How can money be added to an account?
Bring cash or check to the cashier. You can also set up an account using www.k12paymentcenter.com if you want to add money using a debit or credit card.

Please, find in the back of this paper the Food Service Account Balance Policy for the school year 2022-23.

LAKE WALES CHARTER SCHOOLS
FOOD SERVICE ACCOUNT BALANCE POLICY
2022-23

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 (which is the 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