To: Parents of Metuchen High School Students

From: Michael Harvier

Subject: High School Lunch Program for 2019-2020

Date: September 2019

1) The district schools will again offer a student lunch that meets all the requirements of the National School Lunch Program, while continuing to strive for increased variety in the selections available.

2) The student price for a complete lunch with milk for the 2019-2020 school year will be $3.00. Milk a la carte per half pint will be $.75. A reduced price lunch is $.40.

Metuchen High School uses a computerized POS (point of sale) system in the school cafeteria. Instead of paying cash for your child’s lunch, you are able to deposit money into your child’s debit account. For your convenience, we have an internet-based payment system, which allows you the option of paying for your child’s lunch on-line, via credit card or ACH (electronic check). This service also allows you to receive automated emails detailing your child’s account balance, items they purchased for lunch, and if their balance is low. Additionally, like EZ-Pass, there is an “auto-replenishment” option that allows you to set up a low-balance threshold and automatic debit amount to replenish your child’s account. More info on this system can be found at http://www.payforit.net. In addition, if you choose to use the www.payforit.net system to view reports only, you may do so at no charge. There is an internet convenience fee imposed on deposits to your child’s account made by credit card or ACH, whereas there is no fee to put money on account by cash or check. The Metuchen School District retains no portion of this fee, which has been established to cover deposits by credit card or ACH.

3) Those who were eligible last year for free or reduced-priced meals, and whose circumstances have not changed will remain in the POS system until October 17, 2019. A new application for 2019-2020 must be completed to re-establish eligibility for this year. Please return the application to the school as soon as possible.

Please call 732-321-8700 extension 1017 should you have any questions.

C: Pomptonian Food Services
Dear Parent/Guardian:

Children need healthy meals to learn. The METUCHEN BD OF ED offers healthy meals every school day at the prices listed below. Your children may qualify for free meals or for reduced price meals.

<table>
<thead>
<tr>
<th></th>
<th>FULL PRICE</th>
<th></th>
<th></th>
<th>REDUCED PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elementary</td>
<td>Middle</td>
<td>High</td>
<td>Elementary</td>
</tr>
<tr>
<td>National School Lunch</td>
<td>$2.90</td>
<td>$2.90</td>
<td>$3.00</td>
<td>$0.40</td>
</tr>
<tr>
<td></td>
<td>* N/A</td>
<td>* $3.50</td>
<td>* $3.70</td>
<td></td>
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<tr>
<td>School Breakfast</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>After School Snack</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Special Milk Program</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Split Session Milk Program</td>
<td>N/A</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
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</table>

* Variable Lunch Price

N/A - Not Applicable

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to metuchenschools.org.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ 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.
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 e-mail your school, homeless liaison or migrant coordinator.

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals 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 one of your children's schools.

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 your school immediately.

5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.

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 a new 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:

   Hearing Officer Name: Michael Harvier
   Address: 16 Simpson Place Metuchen, NJ 08840
   Phone Number: (732)321-8700 Ext: 1017
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, or receive Family Subsistence Supplemental Allowance payments, 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.

16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to https://oneapp.dhs.state.nj.us/default.aspx. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help, call (732)321-8700 Ext: 1017

Sincerely,

[Signature]

Name: Michael Harvier

Title: Business Administrator
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

Go to Step 4.

Write the amount in USD, in millions of dollars, as the total Gross Income of all income sources other than “Household Income” or “Children’s Income.”

Include all income from: 
- Wages and salaries 
- Self-employment income 
- Dividends, interest, and rental income 
- Social Security 
- Unemployment benefits 
- Veteran’s benefits 
- Child Support 
- Gifts or inheritances 

Include all capital gains, even if it’s long-term capital gain.

Include all other income sources.

STEP 2: DO ANY HOUSEHOLD MEMBERS PARTICIPATE IN SNAP, TANF, OR FIP?

(Yes/No)

If Yes, write the number of SNAP, TANF, or FIP participants in any of the above listed programs. If No, write a zero.

If you do not have any SNAP, TANF, or FIP participants, write ”0”.

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

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

If you do not know, please contact your school.

Who are school meals? Please follow the instructions in order of each section. The instructions are the same as the steps on your application. If any time you are not sure if your child is eligible for school meals, please follow the instructions in order of each section. The instructions must be filled out completely to certify your child/children for free or reduced price school meals. You only need to submit one application per household.

How to Apply for Free and Reduced Price School Meals
4. CONTACT INFORMATION AND ADULT SIGNATURE

STEP 3: Report income for all household members. Include information for all adults in your household. If you have no income, please indicate whether you have read and understand the household information requirements and complete the appropriate section on the back of the application.

All applications must be signed by an adult member of the household. By signing the application, that household member is providing that all information has been truthfully and completely provided.

A. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

B. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

C. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

D. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

E. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

F. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

G. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

H. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

I. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

J. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

K. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

L. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

M. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

N. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

O. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

P. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

Q. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

R. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

S. Report all income earned or received by children. Report the combined gross income for all children listed in STEP 1 in your household in the box marked "Child income only." You may report income earned as a child or earned as an adult in your household.

T. Report adult income earned or received. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.

U. Report any income earned or received by children. Include income from all sources, including wages, salaries, self-employment income, investment income, and any other income you have received.
**Step 1**

List ALL Household Members (including your child) currently participating in one or more of the following assistance programs: SNAP, TANF, or EITC?

- [ ] Yes
- [ ] No

**Child's First Name**

[ ] Yes

**Child's Last Name**

[ ] Yes

School Name (ABD): [ ] Yes

Press specifier to advance

**Step 2**

Do any Household Members (including your child) currently attending school and students up to 18 years old not enrolled in a public school and requiring additional name, attach another sheet of paper.

- [ ] Yes
- [ ] No

**Step 3**

Report income for ALL Household Members (skip this step if you answered Yes to Step 2).

- [ ] Yes
- [ ] No

**Step 4**

Mail Completed Form To:

[ ] Completed Information and dual signature.

[ ] Return to Education 16 Simpson Place Middletown, NJ 07840
SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children’s well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children’s Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child’s Name: __________________ School: __________________

Child’s Name: __________________ School: __________________

Child’s Name: __________________ School: __________________

Child’s Name: __________________ School: __________________

Signature of Parent/Guardian: _____________________________ Date: ______

Printed Name: __________________ Address: __________________

Return this form to your child’s school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.