

Harvest Christian Academy  
 SY 2018 – 2019 APPLICATION FOR SCHOOL MEAL BENEFITS

**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)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  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.	Child's First Name	MI	Child's Last Name	School Name (Indicate N/A if child is not attending school)	Student?		Homeless, Migrant, Runaway Child
					Yes	No	
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Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? 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 (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here. If none of the children earn income, indicate by putting N/A in the box.

Child income \$ \_\_\_\_\_ How often? Weekly  Bi-Weekly  2x Monthly  Monthly

**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 Member (First and Last)	Earnings from Work Before Deductions				How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/SSI/Other Income	How often?				Check if no SSN <input type="checkbox"/>			
	Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly		Weekly	Bi-Weekly	2x Monthly	Monthly				
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**STEP 5 DE State Children's Health Insurance Program**

NO! I DO NOT want information from my Free and Reduced Price Application shared with Medicaid or the State Children's Health Insurance Program (CHIP). For more information about DECHIP, call: 1-800-996-9969. **IF YOU DO NOT CHECK THIS BOX, YOUR INFORMATION WILL BE SHARED WITH MEDICAID AND/OR DECHIP.**

**STEP 6 [Insert District/School Name] Specific Programs**

YES! School Nutrition Office may share information from this application for school meal benefits with [Insert District/School Specific Programs] (Insert additional lines as needed)

**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
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

If income frequencies vary, use the Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Biweekly,  Twice a Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing 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.



# DEPARTMENT OF EDUCATION

Townsend Building  
 401 Federal Street Suite 2  
 Dover, Delaware 19901-3639  
 DOE WEBSITE: <http://www.doe.k12.de.us>

Susan S. Bunting, Ed.D.  
 Secretary of Education  
 Voice: (302) 735-4000  
 FAX: (302) 739-4654

## Delaware Department of Education Home Language Survey

Date: \_\_\_\_\_ School: \_\_\_\_\_

*The Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. The information provided will only be used to determine whether your student is eligible to begin the English as a Second Language process and will not be used for immigration matters or reported to immigration authorities.*

Student Information			
First Name:		Country of birth:	
Last Name:		Date of entry in the US:	
Birthdate:		Date student first enrolled in a US school:	

Circle grades your child attended in US schools

PK   K   1   2   3   4   5   6   7   8   9   10   11   12

How many total months has the student been enrolled in a US school? \_\_\_\_\_

1. What language did your child first learn?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

2. What language does your child most often use at home?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

3. What languages do you most often speak to your child?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

4. What language(s) other than English are spoken in your home?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

5. What language would you prefer to receive information from your school?

Language: \_\_\_\_\_ | Dialect: \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*LEA : Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)*



# DEPARTMENT OF EDUCATION

Townsend Building  
401 Federal Street Suite 2  
Dover, Delaware 19901-3639  
DOE WEBSITE: <http://www.doe.k12.de.us>

Susan S. Bunting, Ed.D.  
Secretary of Education  
Voice: (302) 735-4000  
FAX: (302) 739-4654

## Departamento de Educación de Delaware - Encuesta sobre el idioma que se habla en el hogar

Fecha: \_\_\_\_\_ Escuela: \_\_\_\_\_

Spanish

*El Departamento de Educación de Delaware exige a las escuelas que determinen el/los idioma(s) que los estudiantes hablan en el hogar. La información proporcionada solo será utilizada para decidir si el estudiante reúne los requisitos para comenzar el proceso de adquisición del inglés como segunda lengua y no será utilizada para temas relacionados con la inmigración ni se informará a las autoridades migratorias.*

Información sobre el estudiante			
Nombre:		País de origen:	
Apellido:		Fecha de ingreso en EE. UU.:	
Fecha de nacimiento:		Fecha en la que el estudiante se inscribió por primera vez en una escuela de EE. UU.:	

Haga un círculo en los grados a los que su hijo asistió en escuelas de EE. UU.

PK    K    1    2    3    4    5    6    7    8    9    10    11    12

¿Durante cuántos meses el estudiante ha estado inscrito en una escuela de EE. UU? \_\_\_\_\_

1. ¿Cuál fue el primer idioma que aprendió su hijo?

Idioma: \_\_\_\_\_ Dialecto: \_\_\_\_\_

2. ¿Cuál es el idioma que su hijo usa con mayor frecuencia en el hogar?

Idioma: \_\_\_\_\_ Dialecto: \_\_\_\_\_

3. ¿Cuál es el idioma que usted utiliza con más frecuencia para hablar con su hijo?

Idioma: \_\_\_\_\_ Dialecto: \_\_\_\_\_

4. ¿Qué idioma (s) aparte del inglés se hablan en su casa?

Idioma: \_\_\_\_\_ Dialecto: \_\_\_\_\_

5. ¿Con qué idioma preferiría recibir información de la escuela?

Idioma: \_\_\_\_\_ Dialecto: \_\_\_\_\_

Nombre del padre

Firma del padre

Fecha

LEA: Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)

# \_\_\_\_\_



**CONFIDENTIAL FAMILY SURVEY**

**Please complete both sides**

FAMILY NO.: \_\_\_\_\_

\*FAMILY SIZE: \_\_\_\_\_

\*Family Size = All adults and children living in household.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF PUBLIC SCHOOL DISTRICT IN WHICH FAMILY RESIDES: \_\_\_\_\_

NUMBER OF CHILDREN ENROLLED IN THIS SCHOOL ONLY: \_\_\_\_\_

**LIST THE FIRST NAMES AND GRADES OF CHILDREN IN THIS SCHOOL ONLY.\***

\*If you have children in multiple schools, use a separate form for each school.

FIRST NAME	GRADE	FIRST NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ANSWER EACH OF THE FOUR QUESTIONS BELOW.**

1. Is your family receiving food stamps? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you receiving public assistance/welfare funds under the TANF (Temporary Assistance to Needy Families, formerly termed AFDC)? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are any of your children listed above receiving medical assistance under the **MEDICAID** Program? YES \_\_\_\_\_ NO \_\_\_\_\_

**List the FIRST NAMES & GRADES of the children (in this school)\* receiving MEDICAID.**

FIRST NAME	GRADE	FIRST NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# \_\_\_\_\_

4. On the chart below, please **circle your family size** and look at the **GROSS INCOME LEVELS** for your family size. **If the GROSS INCOME for the total number of people in your household is equal to or less than the income levels given, check "YES."**

**INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED PRICE MEALS**  
 Effective Date: July 1, 2018-June 30, 2019

FREE MEALS ELIGIBILITY						Write "YES" if your income is less than the total amounts listed for your family size
Family Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	\$14,937	\$1,245	\$623	\$575	\$288	
2	\$20,163	\$1,681	\$841	\$776	\$388	
3	\$25,389	\$2,116	\$1,058	\$977	\$489	
4	\$30,615	\$2,552	\$1,276	\$1,178	\$589	
5	\$35,841	\$2,987	\$1,294	\$1,379	\$690	
6	\$41,067	\$3,423	\$1,712	\$1,580	\$790	
7	\$46,293	\$3,858	\$1,929	\$1,781	\$891	
8	\$51,519	\$4,294	\$2,147	\$1,982	\$991	
For each additional household member; add the amount to the right...	\$5,226 per person	\$436 per person	\$218 per person	\$201 per person	\$101 per person	

\*This may be a foster child, an emancipated youth or a special education child over the age of 16.

If your family has more than eight (8) members, please list **ANNUAL GROSS INCOME**:

\$ \_\_\_\_\_

*If you have questions or need assistance in completing this confidential family survey, please contact your school principal.*

*Every completed form provides an opportunity for federal funding to support school students in your child(ren)'s school.*