

Dear Parent/Guardian:

Children need healthy meals to learn. Ballard County Schools offers healthy meals every school day. Breakfast costs 50 cents at the preschool, 60 cents at the elementary school and 75 cents at the middle and high school. Lunch costs \$1.15 at the preschool, \$1.40 at the elementary school and \$1.65 at the middle and high school. Your children may qualify for free meals or for reduced-price meals. Reduced price is 25 cents for breakfast and 40 cents for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Please complete only ONE Free and Reduced-Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so please be sure to fill out *all required information*. Please return the completed application to Amber Hayes, School Nutrition Director, 3565 Paducah Road, Barlow, KY 42024. For more information, please call Ms. Hayes at 665-8400, ext. 2530, or email [amber.hayes@ballard.kyschools.us](mailto:amber.hayes@ballard.kyschools.us).
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from SNAP (food stamps) or KTAP (cash assistance) can get free meals regardless of income. Also, children can get free meals if the household's gross income is within the free limits on the federal income eligibility guidelines.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals, regardless of income.
4. **CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the official definition of homeless, runaway or migrant qualify for free meals. If you haven't been notified that your children will get free meals, please call Bob Wilson at 665-8400, ext. 2014, or email [bob.wilson@ballard.kyschools.us](mailto:bob.wilson@ballard.kyschools.us) to see if they qualify.
5. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Eligibility Income chart (please see pg. 56).
6. **SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please carefully read the letter you received and follow the instructions. Please call the school nutrition director at 665-8400, ext. 2530, if you have any questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is good only for that school year and for the first few days of this school year. You must submit a new application unless the school has notified you that your child is eligible for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, and we also may ask you to send written proof of information in the application.
10. **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 or reduced-price meals if household income drops below the income limit.
11. **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 contacting Superintendent Ed Adami, Ballard County Board of Education, 665-8400, ext. 2001, or emailing [ed.adami@ballard.kyschools.us](mailto:ed.adami@ballard.kyschools.us).
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. Neither you nor your child(ren) have to be U.S. citizens to qualify for free or reduced-price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not, who share income and expenses (such as grandparents, other relatives or friends). You must include yourself and all children living with you. If you live with other people who are economically independent, do not include them (for example, people you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses).
14. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, please put

down that you make \$1,000 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, please use your current income.

15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No. If combat pay is received in addition to basic pay because of deployment, and it wasn't received before he/she was deployed, combat pay is not counted as income. Please contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS FOR WHICH WE MIGHT APPLY?** To find out how to apply for SNAP (food stamps), KTAP (cash assistance) or other assistance benefits, please contact your local assistance office. A table of telephone numbers for local agencies is listed in the back of this Code of Behavior.

If you have other questions or need help, please call:

*Si necesita ayuda, por favor llame al teléfono:*

*Si vous voudriez d'aide, contactez nous au numero:*

Amber Hayes, school nutrition director, at 665-8400, ext. 2530.

Sincerely,

Amber Hayes  
School Nutrition Director

# 2011-2012 FREE/REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

***If your household receives benefits from SNAP (food stamps) or KTAP (cash assistance), please follow these instructions:***

**Part 1:** Please list all household members and the school name for each child.

**Part 2:** Please list the case number for any household member (including adults) receiving SNAP or KTAP.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security number are not necessary.

**Part 6:** Answer this question if you choose to do so.

***If no one in your household receives SNAP or KTAP benefits, and if any child in your household is homeless, a migrant or runaway, please follow these instructions:***

**Part 1:** Please list all household members and the school name for each child.

**Part 2:** Skip this part.

**Part 3:** If any child for whom you are applying is homeless, a migrant or runaway, please check the appropriate box and contact Bob Wilson at 665-8400, ext. 2014.

**Part 4:** Complete only if a child in your household is not eligible under Part 3. Please see instructions for "All Other Households" below.

**Part 5:** Sign the form. The last four digits of a Social Security number are not necessary if you didn't need to fill in Part 4.

**Part 6:** Answer this question if you choose to do so.

***If you are applying for a foster child, please follow these instructions:***

**If all of the children in the household are foster children:**

**Part 1:** Please list all foster children and the school name for each child. Please check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security number are not necessary.

**Part 6:** Answer this question if you choose to do so.

**If some of the children in the household are foster children, please follow the instructions for "All Other Households" below.**

***All other households, including WIC households, please follow these instructions:***

**Part 1:** List all household members and the school name for each child. For any person with no income, including children, you must check the "No Income" box. Please check the appropriate box for any child who is a foster child.

**Part 2:** If the household does not have a case number, please skip this part.

**Part 3:** If any child for whom you are applying is homeless, a migrant or runaway, please check the appropriate box and contact Bob Wilson at 665-8400, ext. 2014. If not, please skip this part.

**Part 4:** Please follow these instructions to report total household income from this month or last month:

**Box 1 – Name:** Please list all household members with income.

**Box 2 – Gross income and how often it was received:** For each household member, please list each type of income received for the month. You must tell us how often the money is received (weekly, every other week, twice a month, or monthly). For earnings, be sure to list gross income, not take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

For other income, please list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security (SSI), veteran's (VA), and/or disability benefits. Under "All other income," please list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency.

For only the self-employed, under "Earnings from work," report income after expenses. This is for your business, farm or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits of his/her Social Security number (or mark the box indicating that he/she does not have an SSN).

**Part 6:** Answer this question if you choose to do so.