



Farragut Middle School

27 Farragut Avenue
Hastings-on-Hudson, New York 10706
Phone – 914-478-6230
Fax – 914-478-6314
<http://www.hastings.k12.ny.us>

A National Blue Ribbon School of Excellence

Gail Kipper
Principal

Hilda McGivney
Assistant Principal

August 2009

Dear Eighth Grade Parents/Guardians:

We have spent a good deal of time since school closed in June preparing for the upcoming school year. While it is still some weeks off, we thought it would be useful for you to have some information about what you and your child can expect when school opens in September. Enclosed in this mailing is information about your child's program for this year and about the school in general. Summer and grade level letters, and Course Outlines are also available on the district web-site.

In October, there will also be an opportunity for you to meet the teachers on Back-to-School Night, which will take place on **Thursday, October 15, 2009**

At Back-to-School Night, parents from each grade level will meet with their respective teachers for a "Welcome Introduction" and for an overview of the year.

Ms. Jo Ann McGrath is the 8th Grade Team Coordinator this year. If you have any questions regarding trips or special events, please feel free to call her at the number listed above or e-mail – scimcgrath@hastings.k12.ny.us

There are a few points about life at the middle school that I would like to share with you. Even if you have had a child attend middle school previously, please read this carefully as things change from one year to the next. So, here are a few basics about getting organized:

- ❖ Classes begin at **8:15**; students may go to their lockers at **8:05**.
- ❖ Early arrivals may go to the cafeteria, library or computer room which open at **7:30a.m.**
- ❖ Formal instruction will finish at **2:44**. However, teachers often meet with students during the "Activity / Help period" from **2:45 to 3:15**. We have set this time aside so that students can meet with their teachers for general assistance, to make up work, to catch up after an absence, to review for tests, etc. We request that you schedule all appointments for your child after **3:30**.

- ❖ Each eighth grader will have his/her own locker. The combinations to all lockers are given to your child's teacher, and will also be maintained in the main office in the event a child forgets his/her combination.
- ❖ Each student will be given a homework assignment pad called an **Agenda Book**. All students use this book which also contains our student handbook and other important information.
- ❖ **All messages for students are to be posted on the grade level message boards outside the main office. Classes will not be interrupted unless there is an emergency message that requires immediate attention.**

Lunch period: - The 7th and 8th graders will have lunch at 7th period (12:38p.m. – 1:18p.m.)

Student Schedules:

Starting this year, we will follow a A,B,C,D,E,F schedule. This schedule will be explained to your child on the first day of school. Your child should report to the teacher listed on the enclosed schedule. Your child's Guidance Counselor will be Ms. Sue Horowitz. If you have any questions about the schedule, you can call Guidance at 478-6228 during the last week in August.

Staff Changes, Shared Staff / New Staff / Returning Staff

Art	– Nate Morgan
Language Arts	– Gerard Marciano
Math	- Christopher Lembo
Social Studies	- To Be Determined
Special Education	– Katrina Forbes and Ruth Lee
Technology	- Christopher Keogh

Welcome back to Ms. Joan Felipe who will be returning from family leave. Also, a big welcome back to Elaine Barella!

Photography:

There will be occasions when photos will be taken within the school to be used in district publications. If you do not wish to have your child photographed, please send a letter to my attention indicating your wishes. It is not necessary to state the reason. Middle school photos this year will be taken on **October 14, 2009, with make-ups on November 19, 2009.**

Sports:

Children are eligible to play modified sports in 7th and 8th grade. If you have any questions, please call the Athletic Director, Jesse Merchant on 478-6241 or e-mail merchantj@hastings.k12.ny.us

Visitor's passes / Identification badges:

All staff in the schools is required to wear photo identification badges in the buildings. All visitors to the schools must report to the main office, sign in and wear a Visitor's Pass. We thank you in advance for your cooperation.

Parental rights:

Parents/Guardians are entitled to view the contents of their child's records at any time. We do ask that you notify us in advance so that the records are available, and a staff member is scheduled to review them with you and answer any questions that you may have.

Project Save:

On July 26, 2001, Governor Pataki signed new legislation called Project SAVE, Safe Schools Against Violence in Education Act. This law became effective on November 1, 2001, with full compliance mandated by July 1, 2001. Under this new law, each school district was required to develop a Code of Conduct, present this Code to the Board of Education at a public meeting and have it approved by the Board. This Code of Conduct is to govern the behavior of school personnel and students, as well as visitors to the school.

The Farragut Middle School's Code of Conduct is available on the district web-site and also housed in the main office and available for your review. Students will receive the summary of the Code in September.

District Wellness Policy

The District is committed to providing a school environment that promotes and protects children's health, well-being, and the ability to learn by fostering healthy eating habits and physical activity. The District's Wellness Committee, which was composed of administrators, teachers, parents and students, has developed a local Wellness Policy. This policy, which is housed in the middle school office, is available for your review.

Electronic Mailing

The Monthly FMS Newsletter is posted on the District Web-Site each month. The web site is listed above. If you do not have computer access, or would like a hard copy of the Newsletter, please stop by the main office where there will be extra copies available.

That's it for now. We are looking forward to your child's return on the first day of school, **Tuesday, September 8th.** Please enjoy the rest of your time together.

Sincerely,

Gail Kipper

Cc: Dr. Shaps, Dr. Cohen, Ms. Sullivan, Mr. Adipietro, Ms. McGivney, Ms. Augarten, Ms. Kocur, Mr. Foster, Mr. Hayes, Department Chairs, Middle School Staff

September 2009

Farragut Middle School

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 8:30 a.m. New Teacher Orientation	2 Superintendent Conf. Day - No School for students	3 Superintendent Conf. Day - No School for students	4 Labor Day School Closed	5
6	7 Labor Day School Closed	8 A School Opens 8:00- BOE Mtg.	9 B	10 C 1:30p.m.- Guidance Mtg. 3:15- FMS - K-12 Sp. Ed/ Art/Music/ PE/WL/ ESL	11 D	12
13	14 E 3:15- Team Coord. 3:00- Chair Council HTA Exec	15 F 3:15- ARC Mtg. 6:30p.m.- PTSA Newcomers Dinner	16 A 3:15- Faculty Mtg.	17 B 1:30 - Guidance Mtg. 3:30- CAC Mtg.	18 C	19
20	21 D 3:15- BLT Mtg. 8:00- BOE	22 E	23 F 3:30- HTA General	24 A 1:30p.m. - Guidance Mtg. 3:30- SDC Mtg.	25 B	26
27	28 Schools Closed	29 C	30 D 3:30- Community Leaders			

Welcome Back

FARRAGUT MIDDLE SCHOOL

Whom Shall I Call?

Revised - 8/13/2009

There are many different people available to help with any question, problem or concern that may arise. Parents are sometimes unsure of whom it is appropriate to contact. This guide should help you find the right person to answer your question.

First Step: Call the teacher. This is always the most productive route for resolving issues quickly. Teachers can be reached by leaving a message in the middle school office, **478-6230**. (All numbers listed here use the 478- exchange first.)

Second Step: Team and Special Area Coordinators help with broad issues, particularly as students move into a departmentalized program at sixth, seventh and eighth grades. The Coordinators for each team are listed below. They can be reached at the - **6230** number or the number listed:

Team 5 – Ms. Hocherman
Team 6 – Ms. Richman
Team 7 – Mr. Shapiro
Team 8 - Ms. McGrath
Support Team – Ms. Gigantino

The Department Chairs can also help with a specific subject area question. Their names and phone numbers are listed below:

Athletic Director - Mr. Jesse Merchant-6241
Art – Mr. Marty Merchant - 6230
Music – Mr. Rubino, -7863
World Language - Ms. DeRubeis -6296

Health & Physical Education – Mr. Fennel, -6240

Instructional Tech. Coord. – Mr. Rosof
Language Arts - Dr. Mahony, -6298
Mathematics – Mr. Stephens, -6294
Related Arts - Ms. Coren, -6299
Science – Mr. Markus -6237
Social Studies – Mr. Buchanan -6292

Third Step: Call Guidance after you have tried the teachers listed above, UNLESS it is a concern of a more personal or confidential nature. **Ms. Horowitz is the counselor for grades 5 & 8. Ms. Perez is the counselor for Grades 6 & 7. They can be reached at - 6228.**

Fourth Step: Call Ms. Hilda McGivney, the Assistant Principal, at -6321.

Fifth Step: Call Ms. Gail Kipper, the Principal at -6230.

Other Middle School Numbers that might be useful to you for other issues include:

Attendance - - 6223
Nurse Office – - 6225
Psychologist - Dr. Samet, - 6264
Social Worker -Ms. Menendez - 6415

Website – www.hastings.k12.ny.us

PLEASE NOTE: Any updates to your student information should be e-mailed directly to the Registrar's Office at registrar@hastings.k12.ny.us

Hastings-on-Hudson U.F.S.D.

2009-2010 School Year Calendar

ADOPTED BY
BOARD OF EDUCATION:
March 9, 2009

September 2009						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2009						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

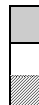
November 2009						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2009						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2010						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

SCHOOL IS CLOSED ON DAYS BOXED
***STAFF ATTENDANCE REQUIRED**
EARLY RELEASE DAY



September	
2-3	Superintendent's Conference Day
4-7	Labor Day Weekend
8	Schools Open
28	Schools Closed
October	
12	Columbus Day
21	Early Release Day; 1:00 pm for Students
November	
4, 10	½ Day for Students; Dismissals: Hillside: 11:52 am; FMS: 11:45 am PM: P/T Conferences
11	Veterans Day
25	Early Dismissal Drill: 11:45 am district-wide
26-27	Thanksgiving Recess
December	
2	Superintendent's Conference Day
24-31	Winter Recess
January	
1	New Year's Day
4	Schools Re-Open
18	Martin Luther King, Jr., Day
26-29	Regents Exams
February	
3	Early Release Day; 1:00 pm for Students
15	President's Day
16-19	Mid Winter Recess
March	
10	Early Release Day; 1:00 pm for Students
29-31	Spring Recess
April	
1-2	Spring Recess Early Release Day; 1:00 pm for Students
May	
19	Early Release Day; 1:00 pm for Students
31	Memorial Day
June	
24	½ Day for Students; Dismissals: Hillside: 11:52 am; FMS: 11:45 am; PM: Staff Development
24	High School Graduation – 7:00 pm
24	Last Day of School [for all students]
24	Regents Rating Day*

March 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2010						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2010						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2010						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2010						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2010						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL DAYS: 186 (Teachers)
183 (Students)

NOTE: If there are more than six (6) snow days, the following days will be school days:
 One Additional day – March 29
 Two Additional days – March 29, 30
 Three Additional days – March 29, 30, 31

As of: 02/19/09



Farragut Middle School
27 Farragut Avenue
Hastings-on-Hudson

Summer 2009

Dear Parents,

I hope this letter finds you well and enjoying the summer. I am writing to inform you about the scheduled dates for school pictures. All middle school students will be taking their photos on **Wednesday October 14th**. Children who are absent that day, or in need of a retake will be photographed on Thursday November 19th.

The middle school will be using Davis Studios, located in Tarrytown. It is important to remember that payment will be due the day photos are taken. This means that students will receive an order form about a week before the photos, and they must bring it in with payment on **Wednesday October 14th**.

We look forward to seeing your children in September, and please remember to mark your calendars.

Sincerely,
Mrs. Joan Felipe
8th Grade Math Teacher
Yearbook Moderator

Hastings-On Hudson UFSD

Business Office

27 Farragut Avenue
Hastings-on-Hudson, NY 10706

Fax (914) 478-6219

Phone (914)478-6405

Maureen Caraballo
District Treasurer

July 2009

Dear Parent/Guardian:

Children need healthy meals to learn. Hastings-on-Hudson UFSD offers healthy meals every school day. Breakfast costs \$1.75 lunch costs \$2.50. Children from households that meet federal income guidelines (outlined below) are eligible for free meals or reduced price meals. Reduced price meals cost each eligible student \$.25 for lunch and \$.25 for breakfast. **To apply for free or reduced price meals**, submit a Direct Certification letter from the NYS Office of Temporary and Disability Assistance **OR complete the enclosed application, sign it, and return it to the school district business office** as soon as possible. Please refer to the guidelines contained in this letter when completing the application. We cannot approve an application that is not complete, so be sure to fill out all required information.

IMPORTANT: YOU MUST RE-APPLY EACH SCHOOL YEAR TO CONTINUE BENEFITS

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Do not fill out more than one application for your household. **Only one application per family needs to be completed.**
- 2. Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines. Each foster child must be listed on a separate application, with Part 2 completed and include an adult signature.
- 3. Can homeless, runaway and migrant children get free meals?** Please call Christina Repp, our school social worker at (914) 478-6246, to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. 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 Income Chart, shown on this application.
- 5. Should I fill out an application if I received a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you received carefully and follow the instructions. Call the school at (914)478-6405 if you have questions.
- 6. 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.
- 7. Will the information I give be checked?** The school may ask you at any time during the school year to verify your eligibility. You will be notified, in writing, if you have been selected for Verification. School officials may ask you to send papers showing that your child should receive free or reduce price meals at the time you applied.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. 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: Maureen Caraballo, District Treasurer, 27 Farragut Avenue, Hastings-on-Hudson, NY 10706.
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

Income Chart: The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amounts on the Income Chart below, your children may be eligible to receive free or reduced price meals.

REDUCED PRICE ELIGIBILITY INCOME CHART

Effective from July 1, 2009 to June 30, 2010

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add:	6,919	577	289	267	134

How to Apply: To get free or reduced price meals for your children you may submit a **Direct Certification letter received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application** for your household and return it to the designated office. If you now receive food stamps, Temporary Assistance to Needy Families (TANF) for any children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), the application must include the children's names, the household food stamp, TANF or FDPIR case number and the signature of an adult household member. All children with the same case number may be listed on the same application. Separate applications are required for children with different case numbers. If you do not list a food stamp, TANF or FDPIR case number for all the children for whom you are applying, the application must include the names of everyone in the household, the amount of income each household member, and how often it is received and where it comes from. It must include the signature of an adult household member and that adult's social security number, or the word "**none**" if the adult does not have a social security number. An application that is not complete cannot be approved. Contact your local Department of Social Services for your food stamp or TANF case number or complete the income portion of the application.

Reporting Changes: The benefits that you are approved for at the time of application are effective for the entire school year. **You no longer need to report changes for an increase in income or decrease in household size, or if you no longer receive food stamps.**

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).* USDA is an equal opportunity provider and employer.

Meal Service to Children with Disabilities: Federal regulations require schools and institutions to serve meals at no extra charge to children with a disability which may restrict their diet. A student with a disability is defined in 7CFR Part 15b.3 of Federal regulations, as one who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are defined to include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. You must request the special meals from the school and provide the school with medical certification from a medical doctor. If you believe your child needs substitutions because of a disability, please get in touch with us for further information, as there is specific information that the medical certification must contain.

Confidentiality: The United States Department of Agriculture has approved the release of students names and eligibility status, without parent/guardian consent, to persons directly connected with the administration or enforcement of federal education programs such as Title I and the National Assessment of Educational Progress (NAEP), which are United States Department of Education programs used to determine areas such as the allocation of funds to schools, to evaluate socioeconomic status of the school's attendance area, and to assess educational progress. Information may also be released to State health or State education programs administered by the State agency or local education agency, provided the State or local education agency administers the program, and federal State or local nutrition programs similar to the National School Lunch Program. Additionally, *all* information contained in the free and reduced price application may be released to persons directly connected with the administration or enforcement of programs authorized under the National School Lunch Act (NSLA) or Child Nutrition Act (CNA); including the National School Lunch and School Breakfast Programs, the Special Milk Program, the Child and Adult Care Food Program, Summer Food Service Program and the Special Supplemental Nutrition Program for Women Infants and Children (WIC); the Comptroller General of the United States for audit purposes, and federal, State or local law enforcement officials investigating alleged violation of the programs under the NSLA or CNA.

The disclosure of eligibility information not specifically authorized by the NSLA requires a written consent statement from the parent/guardian.

We will let you know when your application is approved or denied, with a written determination mailed to you.

Sincerely,

Maureen Caraballo

/lr
Enc.

COMPLETE ONLY ONE APPLICATION FOR YOUR HOUSEHOLD

-----F -----R -----D
 Temp Free Expires _____
 45 Days

FAMILY APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS/MILK

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form per household, sign your name and return it to _____ . Call _____ if you need help. For additional names, list on a sheet of paper.

1. **CHILDREN IN SCHOOL:** (Complete a separate application for each foster child or use the Single Child Application.)

Children's Names (Last, First, MI)	Grade/Teacher	School

2. **FOSTER CHILD:** If the above named child is the legal responsibility of a welfare agency or court, check this box. ~ List the child's personal use income: _____ (Write "0" if the child has no personal use income.) Skip to Part 5.

3. **HOUSEHOLDS GETTING FOOD STAMPS OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF):** Complete this section and sign the application in Part 5 OR submit a Direct Certification letter from the Office of Temporary and Disability Assistance or Food Distribution Program on Indian Reservations (FDPIR). Complete a separate application for children with a different case number or no case number. Write your case number as provided on your benefit letter, not the number on your benefit card.

Food Stamp Case #: _____ TANF/FDPIR Case #: _____

4. **HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:** If you did not give a food stamp or TANF case number, or submit a Direct Certification letter, complete this part and all of part 5.

Show how often each amount is received. See Examples	CURRENT INCOME/PAY PERIOD			
	Examples: \$100.29/weekly, \$100.29/bi-weekly, \$100.29/2x per month, \$100.29/monthly If pay period is not noted, the reviewing official will process the reported income amount as received WEEKLY.			
List the names of everyone in your household	Earnings From Work Before deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /
7.	\$ /	\$ /	\$ /	\$ /

5. **SIGNATURE:** An adult household member MUST sign the application before it can be approved.

I certify that all of the information is true and that all income is reported. I understand that the information is being given for the school to receive federal funds; that school officials may verify the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws, and my children may lose meal benefits.

SIGNATURE: _____ DATE: _____ SOCIAL SECURITY # _____

Home Telephone Work Telephone Mailing Address Zip Code

SOCIAL SECURITY NUMBER: If Part 4 is completed, the adult who signs the application must provide his/her Social Security number.

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION (ONLY CONVERT WHEN MULTIPLE FREQUENCIES ARE REPORTED ON APPLICATIONS): WEEKLY X 52; EVERY 2 WEEKS X 26; TWICE A MONTH X 24; MONTHLY X 12

~ FOOD STAMP, TANF, Foster Child
 ~ INCOME HOUSEHOLD: Total Household Income/Frequency: _____ / _____ Household Size: _____
 Application APPROVED for: ~ Free Meals ~ Reduced Price Meals
 ~ Temporary Free (expires in 45 days) ___/___/___ ~ Application DENIED
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Date: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, submit a Direct Certification letter received from the Office of Temporary and Disability Assistance OR complete only one application for your household using the instructions. Sign the application and return the application to _____. Please complete a separate application for **each** foster child. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children for whom you are applying on one application. (For Foster Children, see Part 2)
- (2) List their grade and school.

PART 2 HOUSEHOLDS WITH A FOSTER CHILD SHOULD COMPLETE THIS PART AND SIGN PART 5. A foster child is the legal responsibility of a welfare agency or court. A separate application must be completed for each foster child.

- (1) List the foster child's monthly "personal use" income. ("Personal Use" income is money given by the welfare office identified by category for the child's personal use, such as an allowance, and all other money the child gets, such as money from his/her family or money from the child's employment.) Write "0" if the foster child does not get "personal use" income. SKIP PART 4. Do not list any other children, household members or income, or a social security number.
- (2) A foster parent or other official representing the child must sign the application in PART 5.

PART 3 HOUSEHOLDS GETTING FOOD STAMPS, TANF OR FDPIR SHOULD COMPLETE THIS PART AND SIGN PART 5. COMPLETE A SEPARATE APPLICATION FOR A CHILD/CHILDREN WITH A DIFFERENT CASE NUMBER.

- (1) List a current Food Stamp case number, TANF or FDPIR (Food Distribution Program on Indian Reservations) number. Do not use the number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 5. SKIP PART 4. Do not list names of household members or income if you list a food stamp case number, TANF or FDPIR number.

PARTS 4 & 5 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 5.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, bi-weekly, monthly, 2 x per month.** Changes in income during the school year no longer need to be reported.
- (3) The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (4) The application must include the social security number of the adult who signs **PART 5** if Part 4 is completed. If the adult does not have a social security number, write "none". If you listed a food stamp, TANF or FDPIR number, or if you are applying for a foster child, a social security number is not needed.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). In order to determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

PRIVACY ACT STATEMENT

Section 9 of the National School Lunch Act requires that unless your children's food stamp, TANF or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. The disclosure of a social security number is voluntary. However, if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or other benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

DISCRIMINATION COMPLAINTS

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, gender, or disability. To file a complaint, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY)*. USDA is an equal opportunity provider and employer.

FORMULARIO DE SOLICITUD PARA COMIDAS ESCOLARES GRATUITAS O A PRECIOS REDUCIDOS

Para solicitar comidas gratuitas o a precios reducidos para sus niños, lea las instrucciones al reverso, complete este formulario, fírmelo y devuélvalo a la escuela. Complete una solicitud separada para cada hijo adoptivo.

PARTE 1: INFORMACIÓN ESTUDIANTIL

Nombres de los niños

Nombres de los niños (Apellido, Nombre)	Grado/Instructor	Escuela

PARTE 2: HIJO/A de CRIANZA: Complete esta parte y firme la solicitud en PARTE 6.

Si esta solicitud es a nombre de un hijo de crianza, indique con una marca en la casilla
 Escriba el ingreso personal que recibe su hijo/a adoptivo. Escriba un cero, 0, si su hijo no tiene ingreso monetario personal. \$
 Firme la solicitud en la PARTE 6. No llene las PARTES 3 y 4.

PARTE 3: CASAS DE FAMILIA QUE RECIBEN CUPONES DE ALIMENTOS O AYUDA TEMPORARIA A FAMILIAS NECESITADAS (TANF):

Someta a la escuela de su hijo o hija la Carta de Certificación Directa del Estado de Nueva York o llene esta parte. Firme la solicitud en la PARTE 5. Se requieren solicitudes separadas para aquellos niños en la misma casa que tengan un número de caso diferente o sin número de caso. Escriba el número de caso que esta en su carta de beneficios, **no es el número que esta en su tarjeta de beneficios.**

Cupones #: _____ TANF #: _____

PARTE 4: MIEMBROS DE LA CASA Y EL INGRESO TOTAL: Si usted no escribe el número de los Cupones de Alimentos o el número del TANF, llene las PARTES 4 y Firme en la PARTE 5.

INGRESO CORRIENTE				
Necesita incluir la frecuencia de ingreso. Ejemplos: \$100.29 semanalmente, \$100.29 cada dos semanas, \$100.29 dos veces al mes. \$100.29 mensualmente				
INGRESO SIN DEDUCCIONES				
Escriba los nombres de todas las personas de la casa	Ingreso sin Deducciones	Mantenimiento de familia, asistencia social, alimentos	Pensiones Seguro Social Retiros	Otras fuentes de Ingreso
Por ejemplo ¿	Cantidad / Frecuencia	Cantidad / Frecuencia	Cantidad / Frecuencia	Cantidad / Frecuencia
1	\$ /	\$ /	\$ /	\$ /
2	\$ /	\$ /	\$ /	\$ /
3	\$ /	\$ /	\$ /	\$ /
4	\$ /	\$ /	\$ /	\$ /
5	\$ /	\$ /	\$ /	\$ /
6	\$ /	\$ /	\$ /	\$ /
7	\$ /	\$ /	\$ /	\$ /

PARTE 5: FIRMA:

Una persona adulta de la casa debe firmar la solicitud antes de ser aprobada por las autoridades escolares.

PENALIDAD POR FALSEDAD: Certifico que la información precedente es correcta y verdadera y que el número de identificación de los cupones de alimentos o del ADC/TANF es correcto o que todo el ingreso monetario ha sido declarado. Yo entiendo que la información es utilizada para la adquisición de fondos federales: que las autoridades escolares podrán verificar la información que aparece en esta solicitud y que al dar información falsa podría ser la causa de enjuiciamiento por las leyes estatales y federales, y que el niño puede perder beneficios de alimento.

Firma de una Persona Adulta

Fecha

Número de Seguro Social

(Si este adulto no tiene un número de Seguro Social, escriba la palabra NINGUNO)

Teléfono de la casa

Teléfono del trabajo

Dirección

Número de Seguro Social: Si parte 4 de este formulario esta completo, el adulto que firmó el formulario tiene que poner su número de seguro social.

NO ESCRIBA DEBAJO DE ESTA LINEA – SOLAMENTE POR USO DE LA ESCUELA

Annual Income Conversion: Weekly X 52; Every 2 Weeks x 26; Twice a Month X 24; Monthly X 12

Food Stamp, ACD/TANF, Foster Child
 Income Household: Total Household Income/Frequency: _____ / _____ Household size: _____
 Application APPROVED for: _____ Free Meals OR _____ Application DENIED
 Income over allowed amount _____ because: _____ Incomplete / Missing
 Free Meals, Expires: _____
 Date Notice Sent: _____ Signature of Reviewing Official: _____ Other: _____

INSTRUCCIONES PARA LLENAR EL FORMULARIO DE SOLICITUD

Para solicitar comidas gratuitas o a precios reducidos para sus niños, someta a la escuela de su hijo o hija la Carta de Certificación Directa del Departamento de Servicios Sociales **O** llene la solicitud refiriendo a las instrucciones para su familia. Firme la solicitud y devuélvala a la escuela. Favor de completar formularios separados para cada hijo adoptivo. Llame a la escuela si necesita ayuda:

Toda la información de este formulario deberá aparecer sin falta. La falta de información puede resultar en beneficios retrasados o en la pérdida de beneficios para su hijo.

PORTE 1: LOS HOGARES DEBEN LLENAR LA INFORMACIÓN ESTUDIANTIL, NO LLENE MÁS QUE UN SOLICITUD PARA CADA HOGAR.

- (1) En la letra de molde, escriba el nombre de su hijo/hijos que están solicitando en un solicitud. (Para hijos de crianza, refiera a parte 2)
- (2) Escriba la escuela, el grado y la clase.

PORTE 2:-FA MILIAS CON HIJOS DE CRIANZA DEBEN LLENAR ESTE PARTE Y FIRMAR PARTE 5.

Un hijo de crianza es la responsabilidad legal de la agencia de provisión social o de las cortes judiciales y tiene derecho a comidas escolares sin tomar el ingreso de la familia adoptiva. Complete PARTES 1, 2 y 5. Deje sin llenar PARTES 3 y 4.

1. **INGRESO:** Escriba el ingreso monetario de uso personal de su hijo/a. Escriba un cero, "0", si su hijo/a no tiene ingreso de uso personal. Tal ingreso consiste de: (a) dinero proveído por la agencia de provisión para ropa, escuela y gastos personales y (b) dinero proveído por la familia o por trabajos efectuados, ya sea en trabajos fijos o de tiempo parcial.
2. **FIRMA:** Un miembro adulto de la familia adoptiva firmará la solicitud en la PARTE 5.

PORTE 3:- PARA FAMILIAS QUE RECIBEN ACTUALMENTE CUPONES DE ALIMENTOS, TANF, o FDPIR DEBEN LLENAR ESTA PARTE Y FIRMAR PARTE 5. SE REQUEREN SOLICITUDES SEPARADAS PARA AQUELLOS HIJOS EN LA MISMA CASA QUE TENGAN UN NÚMERO DE CASO DIFERENTE

1. **NÚMERO DE CASO:** Escriba el número de Caso de los Cupones de Alimentos o ADC/TANF. No use el número que está en su tarjeta de beneficios. El número de caso esta incluido en su carta de beneficios.
2. **FIRMA:** Un familiar adulto firmará la solicitud en la PARTE 5. DEJE SIN LLENAR PARTE 4.

PARTES 4 Y 5: OTROS GRUPOS FAMILIARES: Si no declara el número de caso de Cupones de Alimentos o ADC/TANF, o somete una Carta de Certificación Directa, llene PARTES 1, 4, y 5.

1. **NOMBRES DE TODOS LOS QUE VIVEN EN CASA:** Escriba los nombres de todos los que viven con usted. Incluya su nombre y el de su hijo/a cuyo nombre aparece más arriba, su esposo/a, otros hijos/as, otros parientes y personas sin parentesco que también tienen su residencia en su casa. Favor de utilizar una hoja aparte si no hay suficiente espacio en esta sección de la solicitud.
2. **INGRESO CORRIENTE:** Escriba la cantidad y frecuencia que cada persona recibe en forma de ingreso en la misma línea que su nombre, incluyendo los ingresos, las pensiones y otras fuentes de ingreso. Ingreso significa toda fuente de dineros ganados o adquiridos, disponibles antes del pago de impuestos u otras deducciones. Si el ingreso corriente es mayor o menor que el ingreso usual, escriba este en lugar del corriente. **Especifica la frecuencia del ingreso corriente: semanalmente, cada dos semanas, mensualmente, o anualmente.**
3. **INGRESOS EXCLUIDOS:** No se tomará en cuenta para calificar para este programa el costo, suministrado o acordado, del cuidado de niños; cualquier cantidad recibida como pago por el cuidado de niños o el reembolso de dicho costo por el Fondo del Desarrollo de Cuidado para Niños (Aportación en Bloque).
4. **NÚMERO DE SEGURO SOCIAL:** Si Ud. llena la información requerida en la PARTE 4, el número del seguro social del firmante también debe ser incluido. Si el firmante no tiene un número de seguro social, escriba la palabra 'NINGUNO'. Un miembro adulto de la casa de familia debe firmar la solicitud en la PARTE 5. Un número de seguro social no es necesario si recibe cupones de alimento, TANF, o FDPIR o si el solicitud es para un hijo de crianza.

OTROS BENEFICIOS: Su hijo puede ser elegible para beneficios como Medicaid o el Programa de Seguro de Salud de Niños (CHIP). Para determinar si su hijo es elegible, los oficiales del programa necesitan información escrita en su solicitud para comidas escolares gratuitos o a precios reducidos. Se requiere su permiso escrito antes de comunicar cualquier información. Favor de leer la Carta paterna de Revelación y Declaración de Consentimiento encerrada para información sobre otros beneficios.

INFORMACIÓN SOBRE EL ACTA DE PRIVACIDAD

La Sección 9 del Acto Nacional de Alimento Escolar requiere que, al menos que su hijo/a tenga asignado un número de caso a través de los Cupones de Alimentos o el ADC/TANF, usted debe incluir el número del seguro social correspondiente al adulto firmante de esta solicitud o indicar que el firmante no tiene número de seguro social. El acceso de un número de Seguridad Social es voluntario. Sin embargo, el dar un número de seguro social no es obligatorio, pero si no aparece una indicación con referencia a la falta del número del seguro social del firmante, la solicitud no podrá ser aprobada. El número del seguro social puede ser utilizado para verificar la información que aparece en la solicitud. La verificación tendrá lugar por medio de entrevistas, auditorias, comunicación directa con empleadores o las oficinas encargadas de otorgar cupones de alimentos u otros beneficios para determinar la certificación correspondiente para recibir tales cupones o beneficios del ADC/TANF o con la oficina de seguro de empleos del Estado para determinar el total de beneficios recibidos de otros ejemplos documentación obtenida de los miembros de la familia con objeto de verificar el ingreso actual. Si la información resultare ser incorrecta, el resultado será un disminución o suspensión de beneficios o una reclamación de tipo administrativo o legal.

CASOS DE DISCRIMINACIÓN

No se discrimina contra ningún niño debido a raza, sexo, edad, color, orientación sexual, origen nacional o invalidez, en los Programas de Beneficios. Si usted cree que su hijo/a ha sido víctima de discriminación, debe escribir a *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY) (voz y para sordos)*