



Marblehead Public Schools

9 Widger Road, Marblehead, Massachusetts 01945

School Committee

Patricia Blackmer
Chairman
EuRim Chun
Vice Chairman
Kathleen Leonardson
Secretary
Jonathan Lederman
Dick Nohelty

Administration

Dr. G. Paul Dulac
Superintendent
781-639-3141

Robert Bellucci, Esq.
Director of Student
Services and Program
Accountability
781-639-3148

Brian Salzer
Business Manager
781-639-3140

Business Office
781-639-3142
Fax
781-639-3149

High School

Main Office
781-639-3100 x2100
Ken Weinstein, Principal
781-639-3100 x 2104

Veterans Middle School

Libby Moore, Principal
781-639-3120 x 3113

Village School

Michael Hanna, Principal
781-639-3159

Bell School

Thomas Desjardins, Principal
781-639-3170

Coffin School

Sean Satterfield, Principal
781-639-3180

Eveleth School

Mary Devlin, Principal
781-639-3195

Gerry School

Sean Satterfield, Principal
781-639-3185

Glover School

Mary Devlin, Principal
781-639-3190

Dear Parent/Guardian:

Children need healthy meals to learn. Marblehead Schools offer healthy meals every school day.

Grades 4-12	Breakfast	\$1.50
Grades K-3	Lunch	\$2.50
Grades 4-6	Lunch	\$3.00
Grades 7-12	Lunch	\$3.25

Your child(ren) may qualify for free or reduced price meals. Reduced price is **\$.30** for breakfast / **\$.40** for lunch.

1. DO I 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 incomplete application, so fill out all required information. Return the completed application to:
Richard Kelleher, MVMS 217 Pleasant St. Marblehead MA 01945.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, WIC or TANF** and most foster children can get free meals regardless of your income.
3. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS? If you haven't been told your child(ren) qualify for free meals, please e-mail scott.anne@marbleheadschoools.org.
4. WHO CAN GET REDUCED PRICE MEALS? Your child(ren) can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
5. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? Please read the letter carefully and follow the instructions. Call the school if you have questions.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask for written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply any time in the school year.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ON MY APPLICATION? You should talk to school officials. You also may ask for a hearing by contacting: **Brian Salzer, 9 Widger Rd. Marblehead MA 01945, 781-639-3140.**
11. 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 U.S. citizens to qualify for free or reduced price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (grandparents, other relatives, or friends). Include yourself and all children living with you.
13. 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.
14. 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.
15. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to basic pay because of deployment and it wasn't received before (s)he was deployed, combat pay is not counted as income. Contact your school for more information.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for assistance, contact your local assistance office or call **1-800-249-2007**.

If you have other questions or need help, please contact Richard Kelleher at **781-639-3120, ext. 3163**.

Sincerely,

Richard Kelleher, Food Services Director

Critical Spirit

Disciplined, Creative, Inquisitive, Truth-Seeking, Keeness of Mind

INSTRUCTIONS FOR APPLYING

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

If your household receives benefits from **SNAP** or **TANF**, Follow these instructions:

Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) receiving **SNAP** or **TANF** benefits or.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS **SNAP** OR **TANF** BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child.

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 5: Sign the form. A Social Security Number is not necessary if you didn't need to fill in Part 4.

Part 6: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: Use a separate application for each foster child. List the child's name, school, and, if the child has no income, check the box "no income."

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, 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 the **gross income**, not the 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, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. 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: Adult household member must sign the form and list Social Security Number (or mark the box if s/he doesn't have one).

Part 6: Answer if you choose.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)			
Names of household members (First, Middle Initial, Last)	School Name for Each Child	SNAP or TANF case # (if any). SSN of applicant for SNAP or TANF	CHECK IF NO INCOME
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [YOUR SCHOOL, HOMELESS LIAISON, MIGRANT COORDINATOR AT PHONE #] HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Check if no income. Skip to Part 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often				
1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

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. Date: _____

Sign here: _____ Print name: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2011			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

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 social security number of the adult household member who signs the application. 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.

Non-discrimination 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.”

SHARING INFORMATION WITH MEDICAID/SCHIP

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 the State Children's Health Insurance Program (SCHIP). 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 SCHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and SCHIP 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 SCHIP, 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.

If you checked no, fill out the form 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: _____

For more information, you may call **Richard Kelleher** at **781-639-3120, ext. 3163** or e-mail at **kelleher.richard@marbleheadschoools.org**.

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. 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 any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletics Program (fees)**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Extracurricular Activities/Intramural Sports (fees)**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Scholarship information (School Counselors)**

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call **Richard Kelleher** at **781-639-3120, ext. 3163** or e-mail at **kelleher.richard@marbleheadschoools.org**.