

Lake Washington School District 2007-2008 School Year

Lake Washington School District
16250 N.E. 74th Street, PO Box 97039
Redmond, WA 98073-9739

Dear Parent/Guardian:

This letter tells how your children can get free or reduced price meals and other benefits from such as free health insurance.

The cost of meals at school is shown below. Breakfast will be served to those children who qualify for free and reduced-price meals at no cost.

NEW THIS YEAR

Lunches served to children who qualify for reduced-price meals in Kindergarten through 3rd grade will be made available at no cost. All other students (preschool and 4th – 12th grades) will be charged the rate shown below.

Grade Level	Regular price Breakfast	Regular price Lunch	Reduced price Breakfast	Reduced price Lunch
Kindergarten – 3 rd	\$1.00	\$2.25 Lunch	\$.00	\$.00
4 th – 6 th	\$1.00	\$2.25 Lunch	\$.00	\$.40
7 th – 12 th	\$1.35	\$2.50 Lunch	\$.00	\$.40

All meals meet federal food guidelines. Students who are identified as disabled by their doctor may need different foods. These substitute foods will be made available at no extra charge. If your child needs this assistance please contact us at the food service office 425-702-3393.

Look at the chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents and all people related or unrelated who live in your home and share living expenses. **Do not include foster children.** Find your total household income. TOTAL HOUSEHOLD INCOME IS: The income each household member got **last month before taxes**. This includes earnings, social security, pension, unemployment, welfare, child support, alimony and any other cash income; i.e. savings, family support. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you are applying for free and reduced price meals for a foster child, complete parts 3, 4, and 5 of the application.

Income Chart	WHO SHOULD FILL OUT AN APPLICATION?																																																		
<p>Effective from: July 1, 2007 to June 30, 2008</p> <p>Household Size: Yearly Monthly Weekly</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 20%;">\$18,889</td> <td style="width: 20%;">\$1,575</td> <td style="width: 20%;">\$364</td> <td style="width: 25%;"></td> </tr> <tr> <td>2</td> <td>25,327</td> <td>2,111</td> <td>488</td> <td></td> </tr> <tr> <td>3</td> <td>31,765</td> <td>2,648</td> <td>611</td> <td></td> </tr> <tr> <td>4</td> <td>38,203</td> <td>3,184</td> <td>735</td> <td></td> </tr> <tr> <td>5</td> <td>44,641</td> <td>3,721</td> <td>859</td> <td></td> </tr> <tr> <td>6</td> <td>51,079</td> <td>4,257</td> <td>983</td> <td></td> </tr> <tr> <td>7</td> <td>57,517</td> <td>4,794</td> <td>1,107</td> <td></td> </tr> <tr> <td>8</td> <td>63,955</td> <td>5,330</td> <td>1,230</td> <td></td> </tr> <tr> <td colspan="5">for each additional member</td> </tr> <tr> <td>add:</td> <td>+6,438</td> <td>+537</td> <td>+124</td> <td></td> </tr> </table>	1	\$18,889	\$1,575	\$364		2	25,327	2,111	488		3	31,765	2,648	611		4	38,203	3,184	735		5	44,641	3,721	859		6	51,079	4,257	983		7	57,517	4,794	1,107		8	63,955	5,330	1,230		for each additional member					add:	+6,438	+537	+124		<div style="background-color: #cccccc; text-align: center; padding: 2px;">WHO SHOULD FILL OUT AN APPLICATION?</div> <p>If your total household income is the SAME or LESS than the amount on the chart or you receive Basic Food (formerly food stamps), take part in the Food Distribution Program on Indian Reservations (FDPIR, receive Temporary Assistance for Needy Families (TANF) for your children or are applying for a foster child, fill out the application. Return the application to the school. We will notify you if the application is approved or denied.</p> <div style="background-color: #cccccc; text-align: center; padding: 2px;">WHAT MUST BE ON THE APPLICATION?</div> <p>For households NOT getting Basic Food/TANF/FDPIR:</p> <ul style="list-style-type: none"> *Child's name *Names of all household members *Income by source for all household members *Social Security number of the adult household member who signs the application (or check the box "I do not have a social security number" if the adult signing does not have a social security number) *Adult household member's signature <p>For a family getting basic food (formerly food stamps)/TANF/FDPIR:</p> <ul style="list-style-type: none"> *Child's name *Basic food (formerly food stamps), TANF, or FDPIR case number *Adult Household member's signature <p style="text-align: right;">For a foster child:</p> <ul style="list-style-type: none"> *Child's name (one per application) *Child's personal use income *Adult's signature <p style="text-align: center; font-size: small;">The information that you give will be used to determine or prove your child's eligibility for free or reduced-price meals.</p>
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OTHER BENEFITS

Do you need free health insurance for your children? If you are interested in applying for health coverage for your children including doctor visits, prescriptions, hospital, dental care, eyeglasses, and more phone 1-877-KIDSNOW (543-7669). If you want to release the information on the application for other possible benefits, then please check the box next to *Permission to release for additional benefits or programs*.

The Department of Social and Health Services (DSHS) will download the names of all children age birth to 20 into the Office of Superintendent of Public Instruction (OSPI) Core Student Record System. Information will include the child's first name, last name, middle initial and date of birth. Upon receipt of this information, OSPI will match student names against the DSHS file and then make the "match" data available to each district via the Internet. Students will automatically qualify for free meals if their schools participate in the U.S. Department of Agriculture (USDA) Child Nutrition Programs. Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced price meals.

FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Dr. Cynthia Lundvall, the hearing official. You have the right to a fair hearing which may be arranged by calling Sara Tramp, the school district Free and Reduced Price Meal Official, at 425-702-3261 or the Food Service Department at 425-702-3393 or Dr. Cynthia Lundvall at (425) 702-3251.

REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, FDPIR or TANF, you may want to fill out an application at that time.

NON DISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance programs. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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