



Henry Viscardi School at The Viscardi Center

Transforming the lives of people with disabilities

August 2023

The Henry Viscardi School food service program strives to provide students, consumers and staff with healthy, nutritious and good tasting food choices each day. Detailed monthly menus are provided to our School and Center. A variety of healthy, nutritious breakfast and lunch items are offered, including full complete meals and numerous ala carte choices. Although the cafeteria program is self-sustaining, prices are kept as low as possible. An assortment of salads, hot and cold sandwiches, hot meals, yogurt and other items are featured along with fruit, milk and juice. For those students in Grades K-12 who wish to purchase breakfast, there are breakfast items available. The cost for lunch will be **\$3.00** per day. Students should bring in lunch money only on those days when they are planning to buy lunch. Children from households that meet Federal income guidelines are eligible for free meals or reduced price meals.

How to Apply: To get free or reduced price meals for your children, you may submit an Eligibility Letter for Free Meals received from the NYS Office of Temporary and Disability Assistance, OR carefully complete one application for your household and return it to the school office. If you now receive Supplemental Nutrition Assistance Program (SNAP), 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 SNAP, TANF or FDPIR case number, and the signature of an adult household member. All children should be listed on the same application. If you do not list a SNAP, 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 from 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 the last four digits of that adult's social security number or check the box 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 SNAP 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 SNAP.

Income Exclusions: The value of any childcare 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. ***OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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 call 516-465-1689 for more information.

Very truly yours,

HVS Administration

Date Withdrew _____

F _____ R _____ D _____

2023-2024 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 for your household, sign your name and **return it to the address listed below**. Call **516-465-1689** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Henry Viscardi School**
201 IU Willets Road
Albertson, NY 11507

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).

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 other 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 household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

 I do not have a
 SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRace (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
 Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to _____. If you have a foster child in your household, you may include them on your application. A separate application is not needed. 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, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDIPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDIPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (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, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** 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.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDIPIR number, a social security number is not needed.**
- (5) **An adult household member must sign the application in PART 4.**

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). 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.

USE OF INFORMATION STATEMENT

Use of Information Statement: 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 submit all needed information, 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 primary wage earner or other 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 FDIPIR 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.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

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.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____

**2023-2024 INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK**

Free Eligibility Scale						Reduced Price Eligibility Scale					
Free Lunch, Breakfast, Milk						Reduced Price Lunch, Breakfast					
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 18,954	\$ 1,580	\$ 790	\$ 729	\$ 365	1	\$ 26,973	\$ 2,248	\$ 1,124	\$ 1,038	\$ 519
2	\$ 25,636	\$ 2,137	\$ 1,069	\$ 986	\$ 493	2	\$ 36,482	\$ 3,041	\$ 1,521	\$ 1,404	\$ 702
3	\$ 32,318	\$ 2,694	\$ 1,347	\$ 1,243	\$ 622	3	\$ 45,991	\$ 3,833	\$ 1,917	\$ 1,769	\$ 885
4	\$ 39,000	\$ 3,250	\$ 1,625	\$ 1,500	\$ 750	4	\$ 55,500	\$ 4,625	\$ 2,313	\$ 2,135	\$ 1,068
5	\$ 45,682	\$ 3,807	\$ 1,904	\$ 1,757	\$ 879	5	\$ 65,009	\$ 5,418	\$ 2,709	\$ 2,501	\$ 1,251
6	\$ 52,364	\$ 4,364	\$ 2,182	\$ 2,014	\$ 1,007	6	\$ 74,518	\$ 6,210	\$ 3,105	\$ 2,867	\$ 1,434
7	\$ 59,046	\$ 4,921	\$ 2,461	\$ 2,271	\$ 1,136	7	\$ 84,027	\$ 7,003	\$ 3,502	\$ 3,232	\$ 1,616
8	\$ 65,728	\$ 5,478	\$ 2,739	\$ 2,528	\$ 1,264	8	\$ 93,536	\$ 7,795	\$ 3,898	\$ 3,598	\$ 1,799
Each Add'l person, add	\$ 6,682	\$ 557	\$ 279	\$ 257	\$ 129	Each Add'l person, add	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

Reminders:

BOTH above income eligibility scales should appear in the Public Announcement/release to the media

ONLY the reduced price income eligibility scale can appear in the Letter to Parents (for those schools participating in the National School Lunch or Breakfast Program)

ONLY those schools that participate in the Special Milk Program and offer Free Milk can publish the Free Eligibility Scale in both the Public Announcement and the Letter to the Parent

Incomes indicated on the free and reduced price income eligibility scales are maximum amounts.

FREQUENTLY ASKED QUESTIONS

Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete so be sure to fill out all required information. Return the completed application to HVS.

Who can get free meals? All children in households receiving benefits from SNAP, the Food Distribution Program on Indian Reservations or TANF, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

Can foster children get free meals? Yes, foster children that are under 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.

Can homeless, runaway, and migrant children get free meals? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Colleen Ulrich at (518) 775-5796 to see if they qualify.

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, shown on this application.

Should I fill out an application if I received a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the school at (516) 465-1689 if you have questions.

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.

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 a Free and Reduced Price Meal application.

Will the information I give be checked? Yes and we may also ask you to send written proof.

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 and reduced price meals if the household income drops below the income limit.

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. Begin by calling or writing to: Angelo Zegarelli (516) 465-1695.

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.

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), who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

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. If you have lost a job or had your hours or wages reduced, use your current income.

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.

My spouse is deployed to a combat zone. Is his/her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-342-3009.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 basis will apply to all programs and/or employment activities.)

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.

Just the Facts!

Online Resources



- **Team Nutrition** (<http://teamnutrition.usda.gov>)
- **MyPlate** (<http://teamnutrition.usda.gov/myplate.html>)
- **USDA Choose MyPlate** (www.ChooseMyPlate.gov)
- **Let's Eat for the Health of It** (<http://teamnutrition.usda.gov/Resources/letseat.html>)
- **Fuel Up to Play 60** (<http://teamnutrition.usda.gov/HealthierUS/futp60.htm>)
- **Changing the Scene – Improving the School Nutrition Environment** (<http://teamnutrition.usda.gov/Resources/changing.html>)
- **USDA Recipes for Schools** (http://teamnutrition.usda.gov/Resources/usda_recipes.html)
- **USDA Recipe Finder** (<http://healthymeals.nal.usda.gov/schoolmeals/Recipes/recipefinder.php>)
- **MyPlate for Kids: Make Half Your Plate Fruits and Vegetables Poster** (http://teamnutrition.usda.gov/Resources/myplate_halfplateposter.html)
- **Kid-Friendly Veggies and Fruits** (<http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet11KidFriendlyVeggiesAndFruits.pdf>)
- **Fruits and Vegetables Galore: Helping Kids Eat More** (http://teamnutrition.usda.gov/Resources/fv_galore.html)
- **Best Practices: Handling Fresh Produce in Schools** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20100826093915.pdf>)
- **Let's Eat for the Health of It** (<http://teamnutrition.usda.gov/Resources/letseat.html>)
- **Fruits & Veggies: More Matters** (www.fruitsandveggiesmatter.gov)
- **Centers for Disease Control (CDC) Fruits & Veggies: More Matters** (www.fruitsandveggiesmatter.gov)
- **Better With Beans (Legumes)** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20120102044212.pdf>)
- **Grains With Gusto** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20120102044049.pdf>)
- **Increasing Dietary Fiber** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20120102035930.pdf>)
- **Salt and Sodium** (<http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet14SaltAndSodium.pdf>)
- **Reducing Sodium Intake** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20120102035310.pdf>)
- **Read It! Poster** (http://teamnutrition.usda.gov/Resources/read_it.html)
- **Trimming the Fat** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20120102035517.pdf>)
- **Food and Drug Administration (FDA) Trans Fat at-a-Glance** (<http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079609.htm>)
- **USDA Foods Toolkit** (<http://www.fns.usda.gov/fdd/foods/healthy/Professional.htm>)