

St. Nicholas Catholic School

Dear Parent/Guardian:

Children need healthy meals to learn. St. Nicholas Catholic School offers healthy meals every school day. Lunch costs \$2.80. **Your child(ren) may qualify for free meals or for reduced-price meals.** Reduced-price is 40¢ for lunch. This packet includes an application for free and reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help with the application process.

If you have received a **NOTICE OF DIRECT CERTIFICATION** letter for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **NOTICE OF DIRECT CERTIFICATION** letter received.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS OR SPECIAL MILK?
 - All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
 - Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the chart included with the application.
2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, call St. Nicholas Catholic School, 3278 Blue Goose Road, Nicktown, PA 15762, 814-948-8900
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* An application that is not complete cannot be approved, so be sure to fill out all required information. Return the completed application to: St. Nicholas Catholic School, 3278 Blue Goose Road, Nicktown, PA 15762, 814-948-8900.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact St. Nicholas Catholic School, 3278 Blue Goose Road, Nicktown, PA 15762, 814-948-8900 immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit the PA Department of Human Services website at www.compass.state.pa.us.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first 30 operating school 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 CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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/or reduced-price meals if the household income drops below the income limit.
10. 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 Fr. Jeremiah Lange- c/o St. Nicholas Catholic School- PO Box 252, Nicktown, PA 15762.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact St. Nicholas Catholic School, 3278 Blue Goose Road, Nicktown, PA 15762, 814-948-8900] to receive a second application.
16. 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, visit www.compass.state.pa.us, contact your local county assistance office, or call 1-800-692-7462.

If you have other questions or need help, call 814-948-8900.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identification or sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination [Complaint Form](#), (AD-3027) found online at, <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.

This notice announces the Department's annual adjustments to the Income Eligibility Guidelines to be used in determining eligibility for free and reduced price meals and free milk for the period from July 1, 2023 through June 30, 2024. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program (and Commodity School Program), School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program and Summer Food Service Program. The annual adjustments are required by section 9 of the Richard B. Russell National School Lunch Act. The guidelines are intended to direct benefits to those children most in need and are revised annually to account for changes in the Consumer Price Index.

Dates

Applicable Date: July 1, 2023

The Income Eligibility Guidelines

The following are the Income Eligibility Guidelines to be effective from July 1, 2023 through June 30, 2024. The Department's guidelines for free meals and milk and reduced price meals were obtained by multiplying the year 2023 Federal income poverty guidelines by 1.30 and 1.85, respectively, and by rounding the result upward to the next whole dollar.

This notice displays only the annual Federal poverty guidelines issued by the Department of Health and Human Services because the monthly and weekly Federal poverty guidelines are not used to determine the Income Eligibility Guidelines. The chart details the free and reduced price eligibility criteria for monthly income, income received twice monthly (24 payments per year); income received every two weeks (26 payments per year) and weekly income.

Income calculations are made based on the following formulas: monthly income is calculated by dividing the annual income by 12; twice monthly income is computed by dividing annual income by 24; income received every two weeks is calculated by dividing annual income by 26; and weekly income is computed by dividing annual income by 52. All numbers are rounded upward to the next whole dollar. The numbers reflected in this notice for a family of four in the 48 contiguous states, the District of Columbia, Guam and the territories represent an increase of 8.1% over last year's level for a family of the same size.



Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2023 to June 30, 2024											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES		REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %			
	ANNUAL		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	14,580		26,973	2,248	1,124	1,038	519	18,954	1,580	750	729
2	19,720		36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986
3	24,860		45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243
4	30,000		55,509	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500
5	35,140		65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757
6	40,280		74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014
7	45,420		84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271
8	50,560		93,535	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528
For each add'l family member, add	5,140		9,509	793	397	366	183	6,682	557	279	257
ALASKA											
1	18,210		33,689	2,808	1,404	1,296	648	23,673	1,973	987	911
2	24,640		45,584	3,799	1,900	1,754	877	32,032	2,670	1,335	1,232
3	31,070		57,480	4,790	2,395	2,211	1,106	40,391	3,366	1,683	1,554
4	37,500		69,375	5,782	2,891	2,669	1,335	48,750	4,063	2,032	1,875
5	43,930		81,271	6,773	3,387	3,125	1,563	57,109	4,760	2,380	2,197
6	50,360		93,165	7,764	3,882	3,584	1,792	65,468	5,456	2,728	2,516
7	56,790		105,062	8,756	4,378	4,041	2,021	73,827	6,153	3,077	2,840
8	63,220		116,957	9,747	4,874	4,499	2,250	82,186	6,849	3,425	3,161
For each add'l family member, add	6,430		11,895	992	496	458	229	8,359	697	349	322
HAWAII											
1	16,770		31,025	2,586	1,293	1,194	597	21,801	1,817	909	839
2	22,680		41,958	3,497	1,749	1,614	807	29,484	2,457	1,229	1,134
3	28,590		52,892	4,408	2,204	2,035	1,018	37,167	3,098	1,549	1,430
4	34,500		63,825	5,319	2,660	2,455	1,228	44,850	3,738	1,869	1,725
5	40,410		74,759	6,230	3,115	2,876	1,438	52,533	4,378	2,189	2,021
6	46,320		85,692	7,141	3,571	3,296	1,648	60,216	5,018	2,509	2,316
7	52,230		96,625	8,053	4,027	3,717	1,859	67,899	5,659	2,830	2,612
8	58,140		107,559	8,964	4,482	4,137	2,069	75,592	6,299	3,150	2,907
For each add'l family member, add	5,910		10,934	912	456	421	211	7,683	641	321	296

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply			
				Foster Child	Migrant	Runaway	Homeless
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

Write only one case number in this space.

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any 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 Adult Household Members (First and Last)	How often received?				Earnings from Work	How often received?				Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?							
	Weekly	Every 2 Weeks	2x/Month	Monthly		Annual	Weekly	Every 2 Weeks	2x/Month		Monthly	Annual	Weekly	Every 2 Weeks		2x/Month	Monthly	Annual	Weekly	Every 2 Weeks	2x/Month	Monthly	Annual
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"I, certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form		Signature of Adult		Today's Date	
Mailing Address (if available)		City	State	ZIP	Phone (optional)
Return Form to your child's school		Email (optional)			

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children	
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income	<ul style="list-style-type: none">• A child has a regular full or part-time job where they earn a salary or wages• A child is blind or disabled and receives Social Security benefits• A parent is disabled, retired, or deceased, and their child receives Social Security benefits• A friend or extended family member regularly gives a child spending money• A child receives regular income from a private pension fund, annuity, or trust	
<ul style="list-style-type: none">• Salary, wages, cash bonuses, tips, commissions• Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none">• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)• Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">• Unemployment benefits• Workers' compensation• Supplemental Security Income (SSI)• Cash assistance from State or local government• Alimony payments• Child support payments• Veterans benefits• Strike benefits	<ul style="list-style-type: none">• Social Security/Disability (including railroad retirement and black lung benefits)• Private Pensions or disability benefits• Income from trusts or estates• Annuities• Investment income• Earned interest• Rental income• Regular cash payments from outside household		

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total income	How often?				Household size	Categorical Eligibility	Eligibility			
<input type="text"/>	<input type="radio"/> Weekly	<input type="radio"/> Every 2 Weeks	<input type="radio"/> 2x/Month	<input type="radio"/> Monthly	<input type="radio"/> Annual	<input type="text"/>	<input type="radio"/>	<input type="radio"/> Free	<input type="radio"/> Reduced	<input type="radio"/> Denied
Determining Official's Signature	<input type="text"/>				Date	Confirming Official's Signature	<input type="text"/>	Date	Verifying Official's Signature	<input type="text"/>

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

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:

*MAIL:	U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	FAX:	(833) 256-1665 or (202) 690-7442; or	*Do not mail applications to this address, only complaints of discrimination.
		EMAIL:	program.intake@usda.gov	

Return completed form to your child's school.

This institution is an equal opportunity provider.