



Dear Parent/Guardian:

Children need healthy meals to learn. Paradise Valley Unified offers healthy meals every school day. Breakfast costs \$1.00 for elementary schools, \$1.25 for middle schools and \$1.50 for high schools; lunch costs \$2.50 for elementary schools, \$2.75 for middle schools and \$3.00 for high schools. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.00 for breakfast and \$0.00 for lunch.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- a. All children in households receiving benefits from **[State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF]**, are eligible for free meals.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- e. 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 this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,421	\$1,251
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Each additional person:	\$8,288	\$691	\$160

PAYMENT OPTIONS AND CHARGE POLICY (see full policy at www.pvschools.net)

- A. **CASH or CHECK**-bring payment directly to cafeteria
- B. **PRE-PAY ONLINE**-visit www.ezschooldpay.com to create an account

EzSchoolPay also allows parents to set up email notifications for low balance reminders

NEGATIVE BALANCE POLICY

Low and negative balances on students' meal accounts will be communicated to household by letter, email and or phone.

- 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 haven't been told your children will get free meals, please call the homeless liaison at 602-449-2431 to see if they qualify.
- 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*. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: the cafeteria manager or the PVUSD Nutrition Office, 20621 N. 32nd St., Phoenix, AZ 85050. Call 602-449-2274 for more information.
- 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 please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the Nutrition Office at 602-449-2274 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 www.EzMealApp.com to begin or to learn more about the online application process. Contact the Nutrition Office at 602-449-2274 if you have any questions about the online application.
- 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 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 CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please 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 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: Laura Felten, Asst. Superintendent, 20621 N. 32nd St., Phoenix, AZ 85050, 602-449-2274
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 \$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.
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, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please 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 the Nutrition Office at 602-449-2274 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 **[State SNAP]** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call 602-449-2274

Si necesita ayuda, por favor llame al teléfono: 602-449-2274

Si vous voudriez d'aide, contactez nous au numero : 602-449-2274

INSTRUCTIONS FOR APPLYING

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

STEP 1:

List all children in the household.

Check the corresponding box if the child is a Foster Child, Homeless, Migrant or Runaway.

STEP 2:

If any household member (including you) currently participates in one or more of the following assistance programs: SNAP, TANF, or FDPIR check the corresponding box. Write your case number in the space provided.

STEP 3:

- **Box A**—List the total of income for the children listed in Step 1.
- **Box B** – List all household members not listed in Step 1 (including yourself) even if they do not receive income. Follow the instructions on the application for reporting income.
- **Box C**—Write the total number of household members in the box provided. Write the last 4 digits of the Social Security Number of the primary wage earner or other adult household member. If there is no Social Security Number to list check the box for no SSN.
- **Contact Information and Adult Signature**—Fill out the bottom portion of the application including a signature for the adult completing the form.