The Barack Obama Green Charter High School
35 Watchung Avenue
Plainfield, NJ 07060
Phone: 877-643-4064 Fax: 908-754-1944

Dear Parent/Guardian:

Children need healthy meals to learn. The The Barack Obama Green Charter High School participates in the following Child Nutrition Programs at the prices indicated:

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	N/A	N/A	$3.00	N/A	N/A	$0.40
	* N/A	* N/A	* $2.90			
School Breakfast	N/A	N/A	$2.00	N/A	N/A	$0.30
After School Snack	N/A	N/A	$0.00	N/A	N/A	$0.00
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Kindergarten Milk	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

* Variable Lunch Price N/A - Not Applicable

How can I get health insurance for my children? New Jersey is committed to ensure that all children are enrolled in a health insurance program. Information on your meal application will be shared with NJ FamilyCare to determine if your children qualify to participate in this state insurance program. IF YOU DO **NOT** WISH TO SHARE YOUR INFORMATION WITH MEDICAID OR NJ FAMILYCARE YOU MUST COMPLETE AND SIGN THE ENCLOSED INFORMATION SHARING FORM FOR MEDICAID or NJ FAMILYCARE, AND RETURN IT TO YOUR CHILD'S SCHOOL . Contact information for NJ FamilyCare is listed below:

NJ FamilyCare www.njfamilycare.org 1-800-701-0710

Contact information for other food assistance programs in New Jersey are listed below:

NJ SNAP (Food Stamps) www.njsnap.org 1-800-687-9512
WIC Program www.nj.gov/health/fhs/wic 1-866-446-5942

Your children may qualify for free meals or for reduced price meals.
Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. **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 one of your children's schools.
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from NJ SNAP 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.

   If you have received a NOTICE OF DIRECT CERTIFICATION 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 you received.
3. **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.

4. **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 the school's homeless liaison or migrant coordinator to see if they qualify.
5. **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 letter.
6. **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 if you have questions.
7. **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.
8. **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.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **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.
11. **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:

    Hearing Officer Name: Steven King Address: 35 Watchung Ave Plainfield, NJ 07060
    Phone Number: (908)731-5049 Ext: 101

12. **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.
13. **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.
14. **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.
15. **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.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS 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.

If you have other questions or need help,
call (908)731-5053

Sincerely,

Signature: _____

Name: Bima Baje
Title: School Business Administrator

FEDERAL INCOME CHART
For School Year2014-2015

Household size	Yearly	Monthly	Weekly
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
For each additional person, add:	+7511	+626	+145

Application #

School District _____ **FISCAL YEAR 2015**

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School (Include foster children)

Names of all children enrolled in this school district only (First, Middle Initial, Last)	School Name	Grade or ID Number	Check if a foster child
			❑
			❑
			❑
			❑
			❑
			❑

Part 2. If any member of your household receives NJ SNAP (food stamps) or TANF provide the name and case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 4.

Name **Case number**

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator. Homeless ❑ Migrant ❑ Runaway ❑

Part 4. Total Household Gross Income—You must tell us how much and how often for each person; CHECK IF NO INCOME

1. Name (List **everyone** in household – **include students listed above**)	**2. List gross income and how often it was received** ***Example: $100/monthly $100/twice a month $100/every other week $100/weekly***				**3. Check if NO income**
	Earnings from work before deductions	Welfare, child support, alimony	Retirement, Social Security, SSI, VA	All Other Income	
	How Often?	How Often?	How Often?	How Often?	
1.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
2.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
3.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
4.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
5.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
6.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
7.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
8.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
9.	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

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 must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement))

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.

Sign here: X_____ Print name:_____ Date: _____

Address:_____ Phone Number:_____

Last 4 Digits of Social Security Number: ***-**- __ __ __ __ ❑ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:
❑ Hispanic/Latino
❑ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
❑ Asian ❑ American Indian or Alaska Native ❑ Black or African American
❑ White ❑ Native Hawaiian or other Pacific islander

Don't fill out this part. This is for school use only. **Error Prone** ❑

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: _____

Determining Official's Signature: _____ Date: _____

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

For State Agency Use

F to R		R to F		D to F		SS #		SB Temp	
F to D		R to D		D to R		Income		Other	

School District _____ **FISCAL YEAR 2015**

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue., S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

APPLICATION INSTRUCTIONS

If your household received benefits from NJ SNAP (food stamps) or TANF, follow these instructions:

Part 1: List all student names and the name of school for each child – **include foster children and check the box if a foster child**
Part 2: List the case number for any household member (including adults) receiving NJ SNAP or TANF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

If no one in your household, including any foster children, gets NJ SNAP or TANF benefits and if any child in your household is homeless, a migrant or runaway, follow these instructions:

Part 1: List all student names and the name of school for each child – **include foster children and check the box if a foster child**.
Part 2: Skip this part.
Part 3: 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.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
Part 6: Answer this question if you choose to.

If you are ONLY applying for FOSTER CHILD/CHILDREN, follow these instructions:

If all children in the household are foster children:
Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Enter income for foster child only or check no income box in column 3.
Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including foster children, including WIC households, follow these instructions:

Part 1: List all student names and the name of school for each child – **include foster children and check the box if a foster child**.
Part 2: If the household does not have a case number, skip this part.
Part 3: 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. If not, 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, **including students listed in Part 1**.
- 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), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Box 3 – **Check the no income for any household members (adults and children) that do not receive any income**

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
Part 6: Answer this question if you choose.

Negative Balance For The School Lunch Program

The Barack Obama Green Charter High School believes that nutritious meals promote both the physical and emotional well-being of students, and are an integral part of their daily routine.

All students not eligible for free and reduced price meals under National School Lunch Program must pay the full cost of the meals served in the school cafeterias. On the occasions when students have either lost their money, left their money at home or do not have enough money in their account to cover the cost of a meal, students may charge a meal on account. However, students may not purchase "a'la carte" without either cash or sufficient funds on account.

Parents and strongly encourage touse the" mealtime" to monitor their child's purchasing history and deposit funds in their child's account.

When the balance on a student's account reaches less than $5, the cashier will provide the student with a note to take home to his/her parent/legal guardian stating that the account balance is low and recommending that funds be added to account. In addition, Mealtime application will make an automated telephone call to the student's home with the same message.

The Food Service Company is directed to provide listing of students with negative balances to the Business Office on a weekly basis.

In those instances where the parent/legal guardian owes the school $100 or more due to student meal charges, the Business Administrator is authorized to seek reimbursement by pursuing a legal action through The Barack Obama Green Charter High School Board Attorney with any associated costs and/or/late/attorney fees assessed to the parent/legal guardian as may be permitted by law.

Additionally, if the account held by the parent or legal guardian is of a graduating student, the parent or legal guardian will be notified that the student will be prohibited from participating in the graduation ceremony until the account balance is paid.

This policy is to be sent annually to all parents/legal guardians of The Barack Obama Green Charter High School students and placed on the school's website.

Adopted: 03/17/2014

MealTime Just Got Easier!

Welcome! Your school district has chosen MealTime Online to provide the opportunity for you to make credit card deposits into your student's cafeteria account or view your student's purchase history via the internet. Your district may also choose to accept online payments for other school fees such as sport or club fees.

To Use MealTime Online:

Visit your school or school district web site and locate the link to the school nutrition page. Find the link to online payments which will take you to MealTime Online.

Or go directly to: www.mymealtime.com

Step 1: Create a MealTime Online profile. Click on the "Create new profile" link and enter a Username and Password that you will use to login to MealTime Online. The Username and Password must be at least 6 characters. For example, Username: jsmith Password: pty845.

Step 2: Add your student. Login to your MealTime Online account (using the Username and Password that you created in Step 1), click on "Meal Account Deposits" then click the "Add New Student" link and add your student by entering their first name and student ID number.

Step 3: Make a Deposit. Click on the "Make Deposit" link to make a deposit into a school account. There is a transaction fee for making deposits. Click on the "View Details" link next to your student's name to view their cafeteria account balance and purchase history.

Note:

Online Deposits are processed each night at 2:00 a.m. and will be automatically reflected in your student's account at that time. **Deposits made after 2:00 a.m. will be processed the following night at 2:00 a.m.**

powered by MealTime Online