Dear Parent/Guardian:

Children need healthy meals to learn. The M.E.T.S. Charter School offers healthy meals every school day at the prices listed below. Your children may qualify for free meals or for reduced price meals.

<table>
<thead>
<tr>
<th></th>
<th>FULL PRICE</th>
<th>REDUCED PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elementary</td>
<td>Middle</td>
</tr>
<tr>
<td>National School Lunch</td>
<td>N/A</td>
<td>$2.85</td>
</tr>
<tr>
<td>School Breakfast</td>
<td>N/A</td>
<td>$1.80</td>
</tr>
<tr>
<td>After School Snack</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Special Milk Program</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Split Session Milk Program</td>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

N/A - Not Applicable

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to www.mymealtine.com.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
   - All children in households receiving benefits from NJ SNAP or NJ TANF/WorkFirst-NJ are eligible for free meals.
   - Foster children that 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 this chart.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>1,546</td>
</tr>
<tr>
<td>For each additional person, add:</td>
<td>+8,177</td>
<td>+682</td>
<td>+158</td>
</tr>
</tbody>
</table>

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 arrangements? 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 or e-mail your school, homeless liaison or migrant coordinator.

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 one of your children’s schools.

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 your school immediately.

5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school 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:
Hearing Officer Name: Luisa Perez
Address: 211 Sherman Avenue, Jersey City, NJ - 07307
Phone Number: (201) 526-8500 Ext:

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.

16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to https://oneapp.dhs.state.nj.us/default.aspx. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help, please call the Food Director at (973) 859-5300.

Sincerely,

Signature: 

Name: Gail Long
Title: Business Administrator
Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

What to do next: Please contact your school.

School meals: Please follow these instructions in order each step of the instructions is the same as the steps on your application. If at any time you are not sure if your children are eligible for free or reduced price school meals, you only need to submit one application per household.

How to Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free or reduced price school meals.
Step 2: Contact Information and Adult Signature

- First name: [Redacted]
- Last name: [Redacted]
- Address: [Redacted]
- City: [Redacted]
- State: [Redacted]
- Zip: [Redacted]
- Phone: [Redacted]
- Email: [Redacted]

Step 3: Report Income for All Households

- Income must be reported if any member of the household is age 18 or older, regardless of immigration status.
- Income includes all sources of income, including employment, self-employment, rental income, and Social Security benefits.
- Income must be reported for all household members, including adults and children.

Step 4: Report Income Earned by Children

- Income earned by children must be reported if the child is age 18 or older.
- Income includes all sources of income, including employment, self-employment, and rental income.
- Income must be reported for all household members, including adults and children.

Step 5: Report Income Earned by Adults

- Income earned by adults must be reported if the adult is age 18 or older.
- Income includes all sources of income, including employment, self-employment, and rental income.
- Income must be reported for all household members, including adults and children.
### Annual Income Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>From Earned Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages, Salaries, and Tips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Employment Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Franchise Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>From Investment Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>From Public Assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Annual Income**

**Monthly Income**

**Annual Total for Others Living in Household**

**Total Income**

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**Incomes from Other Sources**

- Unemployment Compensation
- Self-Employment Income
- Investment Income
- Franchise Fees
- Royalties
- Wages, Salaries, and Tips
- Franchise Fees
- Unemployment Compensation
- Social Security
- Royalties
- Self-Employment Income
- Investment Income
SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to. Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: ___________________ School: ___________________

Child's Name: ___________________ School: ___________________

Child's Name: ___________________ School: ___________________

Child's Name: ___________________ School: ___________________

Signature of Parent/Guardian: ______________________ Date: ______

Printed Name: _________________ Address: ___________________

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.