

**Student Nutrition Services Use Only**

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
*I certify that this application is complete.*



**2020 - 2021**

**HOUSEHOLD APPLICATION FOR SCHOOL MEAL BENEFITS**

**Hillsborough County Public Schools  
 Student Nutrition Services Healthy Meals Express Application Center  
 9014 Brittany Way, Tampa, Florida 33619  
 Phone: (813) 840-7066 Email: snssmb@sdhc.k12.fl.us  
 Or complete online at: www.hillsboroughschools.org "Go SNS"**

**Approver Use Only**

Application: \_\_\_\_\_  
 F  R  D  
 Denied Invalid  
 Approver's Initials: \_\_\_\_\_

**PART 1 STUDENT INFORMATION**

Instructions: Print name, date of birth, school, and 7-digit student ID number (meal number) of **all students** enrolled in a Hillsborough County Public School.

| ENTER STUDENT 7- DIGIT I.D. (meal number) | STUDENT NAME(S) |       |        | DATE OF BIRTH | SCHOOL / GRADE | HOMELESS, MIGRANT, RUNAWAY   | FOSTER CHILD             |
|---|-----------------|-------|--------|---------------|----------------|--|--------------------------|
|   | Last            | First | Middle |               |                | If the child you are applying for is homeless, migrant, or runaway, check the box below and contact the liaison at the child's school. |                          |
|   |                 |       |        | / /           |                | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R   | <input type="checkbox"/> |
|   |                 |       |        | / /           |                | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R   | <input type="checkbox"/> |
|   |                 |       |        | / /           |                | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R   | <input type="checkbox"/> |
|   |                 |       |        | / /           |                | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R   | <input type="checkbox"/> |
|   |                 |       |        | / /           |                | <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> R   | <input type="checkbox"/> |

**PART 2 SNAP (Food Stamps) or TANF**

If any member of your household receives SNAP (Food Stamps) or TANF benefits, you **must provide the Florida case number for the person below**, and then skip to part 5. Free meal benefits will be extended to all children in a household when the application lists a SNAP/TANF case number.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

SNAP/TANF CASE NUMBER (10 DIGITS)  
 (DO NOT enter the EBT food stamp card number)

All applications are approved at the Healthy Meals Express Application Center. **Prior to approval, parents are responsible for payment of all meals and any charges accumulated until application is processed.** The form **must be completed and signed** before returning the application to your child(ren)'s school or the application center. **To verify your child's eligibility status for 2020-2021 call: 1-866-544-5575**, and follow the prompts. You will need your child(s) 7-digit student ID number for the automated system.

**PART 3 STUDENT INCOME**

Enter the TOTAL Income earned in WHOLE DOLLARS for all Students listed in Part 1. \$ \_\_\_\_\_  Weekly  Bi-Weekly  Twice Monthly  Monthly

**PART 4 HOUSEHOLD MEMBERS and INCOME**

You must tell us HOW MUCH and HOW OFTEN. List EVERYONE in the household, EXCEPT THE STUDENTS listed in PART 1, regardless of income. If the household member has income, list the TOTAL GROSS INCOME (before deductions) in WHOLE DOLLARS and check how often that income is received. If the household member has no income, check none. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| NAME<br>(List all household members that are not students in PART 1) | If No Income<br>Check Box<br>Below | JOB 1 GROSS EARNINGS<br>(Before Deductions) | WEEKLY | BI-WEEKLY | 2 X MONTHLY | MONTHLY | ANNUALLY | WELFARE<br>CHILD SUPPORT,<br>ALIMONY | WEEKLY | BI-WEEKLY | 2 X MONTHLY | MONTHLY | PENSIONS<br>RETIREMENT,<br>SOCIAL SECURITY | WEEKLY | BI-WEEKLY | 2 X MONTHLY | MONTHLY | JOB 2<br>(or any other<br>income) | WEEKLY | BI-WEEKLY | 2 X MONTHLY | MONTHLY |
|--|------------------------------------|---|--------|-----------|-------------|---------|----------|--------------------------------------|--------|-----------|-------------|---------|--|--------|-----------|-------------|---------|-----------------------------------|--------|-----------|-------------|---------|
|  |                                    |   | Last   | First     | Middle      |         |          |                                      |        |           |             |         |  |        |           |             |         |                                   |        |           |             |         |
| 1.   | <input type="checkbox"/> None      | \$  |        |           |             |         |          | \$                                   |        |           |             |         | \$   |        |           |             |         | \$                                |        |           |             |         |
| 2.   | <input type="checkbox"/> None      | \$  |        |           |             |         |          | \$                                   |        |           |             |         | \$   |        |           |             |         | \$                                |        |           |             |         |
| 3.   | <input type="checkbox"/> None      | \$  |        |           |             |         |          | \$                                   |        |           |             |         | \$   |        |           |             |         | \$                                |        |           |             |         |
| 4.   | <input type="checkbox"/> None      | \$  |        |           |             |         |          | \$                                   |        |           |             |         | \$   |        |           |             |         | \$                                |        |           |             |         |

**PART 5 ADULT SIGNATURE**

An adult household member **must** sign this form and list the last four digits of their social security number before it can be processed.

**PENALTIES FOR MISREPRESENTATION:** "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 (check) 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."

\*SIGNATURE OF ADULT: \_\_\_\_\_ Social Security Number: **X X X - X X -** \_\_\_\_\_ (last 4 digits only)

Printed Name of Adult: \_\_\_\_\_ Check **NONE** if you **DO NOT** have a Social Security number  None

\_\_\_\_\_ ( ) ( ) \_\_\_\_\_  
 Date Signed Home Telephone Work Telephone Home Address (include zip code) Email Address

**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  BLACK or AFRICAN AMERICAN NATIVE  NATIVE HAWAIIAN or other PACIFIC ISLANDER  
 WHITE  AMERICAN INDIAN or ALASKAN NATIVE

\*Required

# Other Important Information

**Application Approval:** All applications are approved at the Healthy Meals Express Application Center (813-840-7066). Parents are responsible for payment of all accumulated meal charges prior to approval.

**Application Status:** To check the status of your student's 2020-2021 meal application: **Call the Healthy Meals Express Application Center's automated telephone system at (866) 544-5575**, and follow the prompts. You will need your student(s) 7-digit student ID.

**Changes in the Original Application:** Once approved, your child's status will remain in effect for the entire school year.

**Re-application:** You may apply for school meal benefits any time during the school year. If you are not eligible now but have a change in the size or income of your household or become unemployed, complete a new application.

**Appeal:** If you do not agree with the district's decision, you may ask for a fair hearing by contacting: General Manager of Student Nutrition Services, 9014 Brittany Way, Tampa, FL 33619, or calling (813) 840-7066.

**Verification:** School Officials may check your eligibility at any time during the school year. If your application is selected for verification, you must provide written proof of the household income you report.

**Foster Children:** A foster child (legal responsibility of welfare agency or court) will receive free meal benefits regardless of the child's personal income, or the income of the household where they reside. The foster child may be included as a member of the foster family if the foster family also chooses to apply for benefits. If the foster family is not eligible for free or reduced priced meals, it does not prevent a foster child from receiving free meal benefits.

**Military Families:** Your basic pay and cash bonuses must be reported as income. If you receive any cash value allowances for off-base housing, food, or clothing, 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. Deployed service members are considered part of the household. List deployed service members in the Household section (PART 4), but only report the portion of their income made available to them or on their behalf to the family.

**Group Homes:** Submit a separate application for each child living in a Group Home. Write the name of the Group Home in the Household section (PART 4). The application must be signed by the Group Home coordinator.

**Disabilities:** If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. The school is not required to make a substitution for a food allergy, unless it meets the definition of disability.

**WIC Participants:** Children in households participating in WIC may be eligible for school meal benefits. Please submit an application.

**Other Program Benefit: Florida KidCare** - Many children who qualify for the free and reduced price school meal program also qualify for low cost or free health insurance from KidCare. If interested, you may contact Florida KidCare at (888) 540-5437 or by visiting their website at: [www.healthykids.org](http://www.healthykids.org).

**Hillsborough County Public Schools collects your Social Security number for the following purposes:** Identification and verification, employment qualification, tax reporting, benefits and retirement processing, unemployment compensation, and state reporting to the Department of Education. Social security numbers are also used as a unique numeric identification within some of our systems and may be used for search purposes.

**Use of Information 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."

**Nondiscrimination Statement:** 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, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

| <b>INCOME THAT MUST BE REPORTED</b>   |  |  |
|---|--|--|
| <i>Remember, you must report the Total Gross Income before any taxes, social security, health benefits, union dues, or other deductions are made.</i> |  |  |
| EARNINGS FROM WORK  | PENSIONS/RETIREMENT/SOCIAL SECURITY  | OTHER INCOME   |
| Wages/Salaries/Tips<br>Strike Benefits<br>Unemployment Compensation<br>Worker's Compensation<br>Net Income from Self-owned Business or Farm           | Pensions<br>Supplemental Security Income<br>Retirement Income<br>Veteran's Payments<br>Social Security | Disability Benefits<br>Cash Withdrawn from Savings<br>Interest/Dividends<br>Income from Estates/Trusts/Investments<br>Regular Contributions from Persons Not Living in the Household<br>Net Royalties/Annuities/Net Rental Income<br>Military allowance for off-base housing<br>Any Other Income |
| WELFARE/CHILD(REN) SUPPORT/ALIMONY<br>Public Assistance/Welfare Payments<br>Alimony/Child(ren) Support Payments                                       |  |  |

**TO AVOID PROCESSING DELAYS, APPLICATIONS MUST BE COMPLETELY FILLED OUT, LEGIBLE, AND LIST A WORKING TELEPHONE NUMBER.**

| <b>FLORIDA INCOME GUIDELINES FOR REDUCED PRICE MEALS</b>   |               |             |                 |                 |             |
|--|---------------|-------------|-----------------|-----------------|-------------|
| July 1, 2020 to June 30, 2021  |               |             |                 |                 |             |
| <i>Income levels shown are the <u>maximum</u> amounts a household may earn to be eligible for <u>either</u> free or reduced meals.</i> |               |             |                 |                 |             |
| HOUSEHOLD SIZE   | ANNUALLY      | MONTHLY     | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY      |
| 1  | 23,606        | 1,968       | 984             | 908             | 454         |
| 2  | 31,894        | 2,658       | 1,329           | 1,227           | 614         |
| 3  | 40,182        | 3,349       | 1,675           | 1,546           | 773         |
| 4  | 48,470        | 4,040       | 2,020           | 1,865           | 933         |
| 5  | 56,758        | 4,730       | 2,365           | 2,183           | 1,092       |
| 6  | 65,046        | 5,421       | 2,711           | 2,502           | 1,251       |
| 7  | 73,334        | 6,112       | 3,056           | 2,821           | 1,411       |
| 8  | 81,622        | 6,802       | 3,401           | 3,140           | 1,570       |
| <b>For each additional family member, add:</b>   | <b>+8,288</b> | <b>+691</b> | <b>+346</b>     | <b>+319</b>     | <b>+160</b> |



**Hillsborough County**  
**PUBLIC SCHOOLS**  
Preparing Students for Life

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**Healthy Meals Express Application Center**  
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**[www.hillsboroughschools.org](http://www.hillsboroughschools.org) "Go SNS"**