

Application #:

2024-2025 School Meals and Summer EBT Application (For Both Standard & CEP Schools/Sites)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE: www.payschoolscentral.com

RETURN TO (School/District Name): Washington TWP Board of Education

ADDRESS: 118 Chapel Heights RD Sewell, NJ 08080

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

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	School	Grade

Foster Child	Migrant Worker	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.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

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)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member (If Applicable)

*Required if Applying for School Meals Only

Check if no SSN

Check to Opt-out of Summer EBT Benefits

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2X Month	Monthly	Annual
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please see application's back for list of income sources.

STEP 4 Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:

Insert school address here 118 Chapel Heights RD Sewell, NJ 08080

"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 and/or Summer EBT benefits, and I may be prosecuted under applicable State and Federal laws.

For Summer EBT Only: I certify that I am not already receiving Summer EBT benefits in another State.

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (REQUIRED)

City

State

Zip

Phone

Email

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">Salary, wages, cash bonuses, tips, commissionsNet 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 benefitsWorkers' compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans' benefitsStrike benefits	<ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefitsA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust

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 $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How Often?	Household Size	Federal Income Eligibility	If Federal Denied: Eligible for NJEIE?																
<input type="text"/>	<table border="1"><tr><td>Weekly</td><td>Every 2 Weeks</td><td>2x Month</td><td>Monthly</td><td>Annual</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"><tr><td>Free</td><td>Reduced</td><td>Denied</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Free	Reduced	Denied	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weekly	Every 2 Weeks	2x Month	Monthly	Annual																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Free	Reduced	Denied																		
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<input type="text"/>	<input type="text"/>	Categorical Eligibility <input type="checkbox"/>	<input type="text"/>	<input type="text"/>																
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature																
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
				Date																

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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
EMAIL: Program.intake@usda.gov

* Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get federal 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 School Meals and Summer EBT 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 School Meals and Summer EBT 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: _____
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.