

FAYETTEVILLE CHRISTIAN SCHOOL

2006 Mission Boulevard

Fayetteville, Arkansas 72703

August 18, 2015

Dear Parent/Guardian:

Fayetteville Christian School serves National School Lunch Program required meals. Our menu is posted weekly on the FCS website, school bulletin boards and each elementary classroom.

If your child has special dietary needs or desires, please send a sack lunch or deliver a meal to them. Our kitchen is not staffed nor funded for non-menu meals upon request.

Please direct any questions or concerns to Michelle Jones, Nutrition Director, at 479-442-2565.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Jones".

Michelle Jones

Nutrition Director

FAYETTEVILLE CHRISTIAN SCHOOL

CHILD NUTRITION SERVICES

2015-2016 CHARGE POLICY

Students in grades K thru 5th may acquire a balance of \$13.75 for paid meals and \$2.00 for reduced meals due to forgotten money for their meals. If a student in grades K thru 8th has a negative balance exceeding this amount that student will receive an alternative lunch.

The alternative lunch will consist of water and a sandwich selected by the manager. Cafeteria managers may provide (based on product availability) a cold cheese, peanut butter, ham or turkey sandwich. An appropriate alternative lunch will be provided to students who have a completed Medical Statement for Students with Special Nutrition Needs for School Meals on file in the cafeteria.

Once a student acquires a negative balance the cafeteria manager will check to see if the student has a free or reduced application on file. If the student does not have an application on file the cafeteria manager will give one to the teacher for the student to take home and their caregiver to fill out. This option is intended to be used on an individual household basis and is not intended to replace the application process for large numbers of families or groups of children.

Cafeteria managers will identify students with a negative balance once per week. Cafeteria managers will place calls to affected student homes to inform parents of the student's account balance.

Positive balances on student accounts shall be carried forward to the following school year.

Negative balances on student accounts shall be paid in the school cafeteria by the last day of school. The parent/guardian will be contacted if a negative balance remains on the students account after the last day of school.

No charging for 6th thru 12th grade students or adults is permitted.

All teachers must pay \$1.00 per meal.

2015-2016 Prototype Application for Free and Reduced Price School Meals

Apply online at www.abcdcfgh.edu

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

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required or additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." <small>Children in Foster care and children who meet the definition of Homelless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</small>	Child's First Name	MI	Child's Last Name							Student? Yes No	Homelless, Foster Care Migrant, Runaway
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
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STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDI/PR? Circle one: Yes/No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars 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?			Public Assistance/ Child Support/Alimony	Child Income	How often?			Pensions/Retirement/ All Other Income	How often?					
		Weekly	Bi-Weekly	2x Month			Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
		<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<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"/>	\$	<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN:

STEP 4

Contact Information and adult signature

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 I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____

Signature of adult completing the form _____

OPTIONAL

Children's Racial and Ethnic Identities

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
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
Categorical Eligibility: Eligibility: Free Reduced Denied Date Withdrawn: _____ Household size: _____

Reason for denial or withdrawal: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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.

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.