

**LETTER TO PARENTS
TITLE I FREE AND REDUCED PRICE SCHOOL MEALS
APPLICATION**

Dear Parent/Guardian:

Children need healthy meals to learn. The King's Academy offers healthy meals every school day. Lunch costs are \$2.25-\$2.50. **Your children may qualify for free or reduced price meals.** Reduced price is **\$1.00** for lunch. Below is a Missouri Free & Reduced Income Guideline and an application for reduced price meal benefits.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **the Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance/Temporary Assistance for Needy Families (TANF)**, 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 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.

Household Size	Annually	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each add'l person add	+ 8,399	+ 700	+ 162

2. ALL TKA SCHOLARSHIP RECIPIENTS SHOULD BE RECEIVING A REDUCED FEE FOR SCHOOL MEALS ALREADY. IF YOU ARE NOT ON SCHOLARSHIP BUT FEEL THAT YOUR FAMILY WOULD QUALIFY, PLEASE FILL OUT THE ATTACHED APPLICATION AND RETURN TO THE OFFICE.

Name _____

Address _____

Phone _____ E-Mail Address _____

Household size _____

Name _____ Ages _____

Name _____ Ages _____

Name _____ Ages _____

Name _____ Ages _____

Name _____ Ages _____

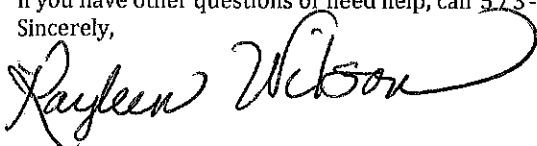
Name _____ Ages _____ (Additional names and ages on the reverse side)

Gross Income: _____ (Include both spouse's income, child-support or any additional income that is reported to the IRS.)

WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

If you have other questions or need help, call 573-693-9245

Sincerely,



NOTICE OF APPROVAL OR DENIAL
STATUS OF FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Dear **[Name of Parent]**:

Your application has been:

- Approved for free meals
- Approved for reduced price meals

The cost of reduced price meals are as follows:

Lunch: _____ Breakfast: _____

- Denied for the following reasons:
 - Income over the allowable amount
 - Incomplete application because _____
 - Other: _____

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing Rayleen Wilson, administrator. An appeal must be filed within the 10 calendar days advance notice period to ensure continued benefits while awaiting a hearing and decision.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Sincerely,
Rayleen Wilson, administrator
The King's Academy
573-693-9245

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.