



# Diocese of Shreveport Catholic Schools

3500 Fairfield Ave. Shreveport, LA 71104  
Ph. (318) 868-4441 Fax (318) 868-5057

**FREE/REDUCED  
PRICING 1D  
Letter to Households  
2011-2012**

DEAR PARENT/GUARDIAN:

Children need healthy meals to learn. **Diocese of Shreveport** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.75 Elementary and \$3.00 High School**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch. To apply for free or reduced price meals, use the Free & Reduced Price Meals Application enclosed.

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *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: **Diocese of Shreveport CNP, 3500 Fairfield Ave., Shreveport, LA 71104.**
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP** (Supplemental Nutrition Assistance Program), **FDPIR** (the Food Distribution Program on Indian Reservations) or **FITAP** (Family Independence Temporary Assistance Program), can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

<p><b>Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.</b></p>	FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2012			
	Household Size	Yearly	Monthly	Weekly
	1	\$20,147	\$1,679	\$388
	2	\$27,214	\$2,268	\$524
	3	\$34,281	\$2,857	\$660
	4	\$41,348	\$3,446	\$796
	5	\$48,415	\$4,035	\$932
	6	\$55,482	\$4,624	\$1,067
	7	\$62,549	\$5,213	\$1,203
	8	\$69,616	\$5,802	\$1,339
Each additional person:	+ \$7,067	+ \$589	+ \$136	

School Code	003	004	005	006	012
School Name	Jesus the Good Shepherd	St. Joseph School	St. Frederick High School	St. John Berchmans Cathedral	Our Lady of Fatima

- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **(800) 256-1542, ext. 297** or [sgerman@dioshpt.org](mailto:sgerman@dioshpt.org) to see if they qualify.
- WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call **(800) 256-1542, ext. 297** if you have questions.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER 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.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **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.
11. **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 contacting: **Sr. Carol Shively, OSU, 3500 Fairfield Ave., Shreveport, LA 71104 or calling (800) 256-1542, ext 253.**
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. **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.
15. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call **1-888-LAHELPU (1-888-524-3578).**

If you have other questions or need help, call **(800) 256-1542, ext. 297.**

Sincerely,  
**Sr. Ann Middlebrooks, SEC**

## INSTRUCTIONS FOR APPLYING

**FREE/REDUCED 1C  
 PRICING  
 Instructions for Applying  
 2011-2012**

### **A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.**

If your household receives benefits from the **SNAP** (Supplemental Nutrition Assistance Program), **FITAP** or **FDPIR** (the Food Distribution Program on Indian Reservations), follow these instructions:

- Part 1:** Skip this part.
- Part 2:** List each child's name, DOB, grade, school code (located on the back of the application).
- Part 3:** List the gross income for each child and how often received. **If the child has no income, you must check the "No Income" box.**
- Part 4a:** Enter the name and case number (*This information appears on your award letter from the SNAP Office; it is NOT any of the numbers on your card*) for any household member (including adults) receiving **SNAP** or **FITAP** or **FDPIR** benefits.
- Part 4b:** List all other household members: adults and children not attending Diocese of Shreveport Schools. Enter the **total** number of household members in the appropriate space on the application.
- Part 5: Sign the form.** The last four digits of a Social Security number are **not** necessary. Enter your contact information (address and phone numbers).
- Part 6:** Check the box and sign only if you **DO NOT** wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP). Answer the RACE/ETHNIC IDENTITY question if you choose to.

If you are applying for a **FOSTER CHILD**, follow these instructions:

- If all children in the household are foster children:**
- Part 1:** Skip this part.
- Part 2:** List **all** foster children, DOB, grade, and school code (located on the back of the application). Check the box indicating the child is a foster child.
- Part 3:** Skip this part.
- Part 4a:** Skip this part.
- Part 4b:** Enter the **total** number of household members in the appropriate space on the application.
- Part 5: Sign the form.** The last four digits of a Social Security number are **not** necessary. Enter your contact information (address and phone numbers).
- Part 6:** Check the box and sign only if you **DO NOT** wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP). Answer the RACE/ETHNIC IDENTITY question if you choose to.

**If some of the children in the household are foster children:**

**Part 1:** If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's homeless liaison or migrant coordinator. If not, skip this part.

**Part 2:** List all children, DOB, grade, and school code (located on the back of the application). Check the box if the child is a foster child.

**Part 3:** List the gross income for each child and how often received. **If the child has no income, you must check the "No Income" box.**

**Part 4a:** If the household does not have a case number skip this part.

**Part 4b:** List all other household members: adults and children not attending Diocese of Shreveport Schools. Follow these instructions to report total household income from this month or last month for all adults and children:

**Column 1–Name(s):** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children not attending Diocese of Shreveport Schools. Attach another sheet of paper if you need to. **If the person listed has no income, you must check the "No Income" box.**

**Columns 2-5 – Gross Income and How Often It Was Received:**

For each household member, list each type of income received for the month. You must tell us how often the money is received – Monthly, Every Other Week, Weekly, or Twice a Month.

For Earnings, be sure to list the gross income, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you.

For other income, list the amount each person got for the month from Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA), and Disability Benefits.

Under "All Other Income," list Worker's Compensation, Unemployment, or Strike Benefits, Regular Contributions from People who do not live in your household, and any other income. Do Not include income from SNAP, FDPIR, WIC, Federal Education Benefits and Foster Payments received by the family from the placing agency.

For the self-employed ONLY, under Earnings from Work, report income after expenses. This is for your business, farm or rental property. If you are in the Military Privatization Housing Initiative, do not include these housing allowances as income.

Enter the total number of household members in the appropriate space on the application.

**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number, or mark the box if he/she doesn't have one. Enter your contact information (address and phone numbers).

**Part 6:** Check the box and sign only if you DO NOT wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP). Answer the RACE/ETHNIC IDENTITY question if you choose to.

ALL OTHER HOUSEHOLDS, including **WIC, Homeless, Migrant or Runaway** households, follow these instructions:

**Part 1:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact your school's homeless liaison or migrant coordinator.

**Part 2:** List each child's name, DOB, and grade, school code (located on the back of the application).

**Part 3:** List the gross income for each child and how often received. **If the child has no income, you must check the "No Income" box.**

**Part 4a:** If the household does not have a case number, skip this part.

**Part 4b:** List all other household members: adults and children not attending Diocese of Shreveport Schools. Follow these instructions to report total household income from this month or last month for all adults and children:

**Column 1–Name(s):** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children not attending Diocese of Shreveport Schools. Attach another sheet of paper if you need to. **If the person listed has no income, you must check the "No Income" box.**

**Columns 2-5 – Gross Income and How Often It Was Received:**

For each household member, list each type of income received for the month. You must tell us how often the money is received – Monthly, Every Other Week, Weekly, or Twice a Month.

For Earnings, be sure to list the gross income, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your boss can tell you.

For other income, list the amount each person got for the month from Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA), and Disability Benefits.

Under "All Other Income," list Worker's Compensation, Unemployment, or Strike Benefits, Regular Contributions from People who do not live in your household, and any other income. Do Not include income from SNAP, FDPIR, WIC, Federal Education Benefits and Foster Payments received by the family from the placing agency.

For the self-employed ONLY, under Earnings from Work, report income after expenses. This is for your business, farm or rental property. If you are in the Military Privatization Housing Initiative, do not include these housing allowances as income.

Enter the total number of household members in the appropriate space on the application.

**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number, or mark the box if he/she doesn't have one. Enter your contact information (address and phone numbers).

**Part 6:** Check the box and sign only if you DO NOT wish to share information from your application with the Louisiana Children's Health Insurance Program (LaCHIP). Answer the RACE/ETHNIC IDENTITY question if you choose to.

**Privacy Act 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."