

## Sonshine Christian Academy

Announces its policy for Free and Reduced-Price Meals for students under the

### **NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS 2021-2022**

Any interested person may review a copy of the policy by contacting  
**BillieJo Chavarria at (904) 879-1260**

Household size and income criteria will be used to determine eligibility. An application can not be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire year. You need not notify the organization of changes in income and household size.

Application forms are available to all parents or guardians. To apply for Free or Reduced-Price Meals, households must complete the application and return it to the school. Additional copies are available in the front office in each school. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year. Applications may be submitted at any time during the year.

Households that receive SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) are required to list on the application only the child's name, SNAP/TANF case number, and signature of adult household member.

Foster children will receive free benefits regardless of the child's personal income or the income of the household.

Households with children who are considered migrants, homeless, or runaway should contact the district liaison **Lorie Johnson at (904) 879-1260**.

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Additionally, a housing allowance that is part of the Military Housing Privatization Initiative is not to be included as income.

All other households must provide the following information listed on the application:

- Total household income listed by gross amount received, type of income (e.g., wages, child support, etc.) and how often the income is received by each household member;
- Names of all household members – check the “no income” box if applicable; if household member is a child, list school name for each;
- Signature of an adult household member certifying the information provided is correct; and
- Social security number of the adult signing the application or the word “NONE” for this household member if he or she does not have a social security number.

If a household member becomes unemployed or if the household size changes, the school should be contacted. Children of parents or guardians who become unemployed should also contact the school.

Under the provisions of the Free and Reduced-Price meal policy

### **Rosie Hayes**

will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he or she may wish to discuss the decision with the determining official on an informal basis. If the parent wishes to make a formal appeal, he or she may make a request either orally or in writing to

**Lorie Johnson (904) 879-1260**

Unless indicated otherwise on the application, the information on the Free and Reduced-Price Meal application may be used by the school system in determining eligibility for other educational programs.

\*Meals served at this school are available at no cost regardless of the eligibility determination. \*

### **FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS**

*Effective from July 1, 2021, to June 30, 2022*

<b>FREE MEAL SCALE</b>					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add	+ 5,902	+ 492	+ 246	+ 227	+ 114

<b>REDUCED-PRICE MEAL SCALE</b>					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each	+ 8,399	+ 700	+ 350	+ 324	+ 162

additional family member, add					
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**To determine annual income:**

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

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.