



**SCHOOL MEAL SUPPLEMENTAL ASSISTANCE PROGRAM 2015/2016**

One CONFIDENTIAL application per household

Adult head of household \_\_\_\_\_ Date \_\_\_\_\_

Total number of people in household \_\_\_\_\_

(Household includes each person living in your household, related or not. This includes adults and children.)

**Part 1 - Children in T/E School**

<b>Names of children in T/E Schools</b>	<b>School Name</b>	<b>Grade</b>

Part 2 – You **MUST** initial **each** line to certify agreement that at the current time the following are true:

\_\_\_ I certify that my household has applied for and been denied funding from the free and reduced school meal program.

\_\_\_ I certify that my household receives no school lunch funding from a foster or welfare agency.

\_\_\_ I certify that none of my children have a negative balance of more than \$20 in their point of sale account.

\_\_\_ I certify that my household total gross monthly income does not exceed the amount in the chart below next to the number of people in my household. (I have already contacted T&E Care and received approval if I qualify for an exception.)

***I understand that I must agree to ALL 4 of the above criteria to apply for this program.***

**Income Eligibility for T&E Care School Meal Assistance Program (MONTHLY INCOME)**

<b>Household Size</b>	<b>Monthly Gross Income Cap</b>	<b>Note:</b> (calculated at up to 300% of 2014 federal poverty level)
2	\$3983	"Gross income" is the amount earned by all adult members in the household before taxes and other deductions. It includes money earned from welfare, unemployment, child support, alimony, social security, pensions, retirement, disability, and any other income. If you make UNDER this cap – you may qualify for assistance for through this program.
3	\$5023	
4	\$6063	
5	\$7103	
6 or larger	\$8143	

*I certify (promise) that all information on this application is true. I understand that school officials may confirm the accuracy of the information. I understand that if I purposely give false information, my children will be immediately removed from this program, and any funds received will have to be repaid.*

(Head of household) Sign here \_\_\_\_\_ Print name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Applications should be given to your child's counselor who will notify you if your application is approved.

Applications can be submitted throughout the year, starting August 20.

(If you have students in multiple schools – pick one of the counselors.)



## ***SCHOOL MEAL SUPPLEMENTAL ASSISTANCE PROGRAM 2015/2016***

Dear Parent/Guardian,

T&E Care recognizes that school meals can be difficult for some families to afford on a regular basis. We have a program that can provide a limited subsidy for these expenses for qualifying students. **This program will provide a minimum of \$30/month for each student during the school year.**

*Who will qualify?* You must **FIRST** have applied for and been denied participation in the free/reduced program offered by the school district before applying for this program. Students will be eligible based on household income. The T&E Care program is set to be a transition for families making just "too much money" to qualify for free/reduced assistance. See income guidelines on application.

*How do I apply?* You must complete the attached confidential application.

*Is there a deadline?* Applications can be submitted anytime during the school year (after Sept 1).

*How is income confirmed?* The head of the household must certify with a signature that he/she is in compliance with the income guidelines described on the application. If you need an exception to these criteria – please contact us at [lunchhelp@tecare.org](mailto:lunchhelp@tecare.org).

*How will my child(ren) receive the benefit?* A minimum of \$30 will be deposited into each eligible child's point-of-sale account. These deposits will be made during the first week of each month. Unless otherwise discussed with the family, (other than school officials) no one will know that your child(ren) receives this benefit.

*Could the monthly benefit be more than \$30?* It might. The amount of the benefit will be determined based on the number of participants and the amount of total funding. In 2013/2014 elementary students received \$30/month, but middle and high school students received \$40/month. The amount may vary month to month, but will never be less than \$30.

*What is the source of funding for this program?* Most of the funding is from donations from community members who recognize the importance of healthy meals for all children.

*Can the money be used for breakfast or lunch?* The money is put into your child's account to use as he/she wishes.

*Where should the application be submitted?* Applications should be given to your student's counselor, who will notify you if your application is approved. If you have more than one child (and more than one counselor) – just choose any one of the counselors. (One application per household.)

*Why must I first apply to the free/reduced school program before applying for the T&E Care program?* If you can qualify for the free/reduced program, it offers you better assistance for your child's lunches, plus additional options for assistance for your child at school (dental assistance, child care assistance, etc.). If you can qualify for that program – it is better for your child(ren).