***Instructions:*** *The State Agency will distribute this release statewide on behalf of all the LEAs in Georgia. LEAs are to provide this release to major employers contemplating downsizing or layoffs.*

**PUBLIC MEDIA RELEASE**

**[Insert Name of School District]** announces its policy for free and reduced-price meals for children unable to pay the full price served in schools under the National School Lunch Program and/or School Breakfast Program. Local school officials have adopted the following family size and income criteria for determining eligibility.

|  |  |  |
| --- | --- | --- |
| FAMILY SIZE | COLUMN I  FREE MEALS  If family income is within | COLUMN II  REDUCED-PRICE MEALS  If family income is within |
| 1  2  3  4  5  6  7  8 | 0 to 19,578  0 to 26,572  0 to 33,566  0 to 40,560  0 to 47,554  0 to 54,548  0 to 61,542  0 to 68,536 | 19,579 to 27,861  26,573 to 37,814  33,567 to 47,767  40,561 to 57,720  47,555 to 67,673  54,549 to 77,626  61,543 to 87,579  68,537 to 97,532 |
| For each additional family member, add $6,994 per year to the income level for free meals and $9,953 to the income level for reduced-price meals. | | |

Children are eligible for free or reduced-price meals under the following:

* Children from families whose income is at or below the levels shown in the table above.
* All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF).
* Foster children that are under the legal responsibility of a foster care agency or court. Families with foster children should contact the school for information regarding benefits.
* Children participating in their school’s Head Start program.
* Children who meet the definition of homeless, runaway, or migrant. Contact the school for information regarding benefits.

Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced- price meals, households should fill out the application and return it to the school. Use one Free and Reduced- Price School Meals Application for all students in your household. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time with each school district required to verify a sample annually. Applications may be submitted at any time during the year. Additional forms are available at each school.

For school officials to determine eligibility, households receiving SNAP or TANF must list the child's name, their SNAP or TANF case number, and the signature of an adult household member. Households not receiving SNAP or TANF must list child's name, names of all household members, the last four digits of the Social Security number of a parent or guardian (or an indication of no Social Security number), the amount of income received by each household member identified by source and frequency, and the signature of an adult household member certifying that the information provided is correct. An application that is not complete cannot be approved.

If a household does not agree with the eligibility determination, a hearing may be requested with **[School official’s name]** at **[Phone number]** or at **[Email address]**.

The information provided by the household is confidential and will be used for the purpose of determining eligibility and verifying data. We may inform officials connected with other child nutrition, health, and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

A child’s free or reduced-price eligibility status from the previous year will continue in the same school district for up to 30 operating days in the new school year. If a new application is not approved or the child is not directly certified by this time, meals will be charged at the full price.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Breakfast Cost | | | Lunch Cost | | |
|  | Reduced | Paid |  | Reduced | Paid |
| Elementary | $0.00 | $0.00 | Elementary | $0.00 | $0.00 |
| Middle/Junior High | $0.00 | $0.00 | Middle/Junior High | $0.00 | $0.00 |
| High | $0.00 | $0.00 | High | $0.00 | $0.00 |

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the levels shown above.

For questions or additional help, contact **[School official’s name]** at **[Phone number]** or at **[Email address]**.

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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 an adult household member. 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) or Temporary Assistance for Needy Families (TANF) Program 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 civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   program.intake@usda.gov

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