



Dear Parent/Guardian:

Children need healthy meals to learn. Arlington Public Schools offers healthy meals every school day. Student breakfast costs \$ 2.25 **and** lunch costs \$ 3.35 for elementary meals and \$3.60 for secondary meals. Your children may qualify for free or reduced-price breakfast and lunch meals. For the school year 2024-2025, the cost of reduced-price meals is being waived; therefore, students approved for reduced-price meals will not have to pay.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions *prescribed* by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact the Food and Nutrition Services office at 703-228-8000 for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced-price meals based on the household's income. Children who are members of households participating in WIC **may** also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals **or** reduced-price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **You must send in a new household application for each school year.**

## **FEDERAL INCOME GUIDELINES:**

Your child(ren) may be eligible for free meals or reduced-price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

## INCOME CHART

### For Free or Reduced-Price Meals

Effective July 1, 2024, to June 30, 2025

Household Size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
For Each Additional Family Member Add	9,953	830	192

## HOW TO APPLY:

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by September 15, 2024, you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

**If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number** for the child(ren) you are applying for, then the application must have the names of all students, the names of **all** other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals.

**If you are applying for a foster child**, who is the legal responsibility of a welfare agency or court, an application may not be required. Contact *Amy Maclosky* at 703-228-6133 for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact *Laura Steele* at 703-228-2585 for more information.

**An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.**

## OTHER BENEFITS:

Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

## **CONFIDENTIALITY AND NOTICE OF DISCLOSURE:**

School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

## **VERIFICATION:**

School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.

## **FAIR HEARING:**

If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application, you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Hearing Official Name: Assistant Superintendent Finance and Management Services

Phone: 703-228-7652

Address: 2110 Washington Blvd. Arlington Virginia 22204

**REAPPLICATION:** You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

**If you need help filling out the application form, please contact the school your child(ren) attends or the central school nutrition office. Return the complete, signed application to: Food and Nutrition Services, 2110 Washington Blvd. Arlington Virginia 22204**

You will be notified when your child(ren)'s application is approved or denied. If you have questions or need help, call:

Name: Amy Maclosky

Telephone: 703-228-8000

Sincerely,

Amy Maclosky

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](mailto:program.intake@usda.gov)

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