

# FREE & REDUCED LUNCH APPLICATION



## HOW TO APPLY FOR FREE AND REDUCED LUNCH BENEFITS

You may access the application at:

<https://freeandreducedmealapp.dadeschools.net/>

DEAR PARENT OR GUARDIAN:

Miami-Dade County Public Schools take part in the National School Lunch and Breakfast Programs and offer a choice of healthy meals every school day. Students from households that meet Federal Guidelines are eligible for free lunch or reduced price lunch (\$0.40). Breakfast is free to all students. To apply for free or reduced price lunch, complete this application as soon as possible, sign it, and return it to the school where your youngest child attends.

### HOW TO FILL OUT THIS APPLICATION COMPLETE ONE APPLICATION PER HOUSEHOLD.

**STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE STUDENTS UP TO AND INCLUDING GRADE 12.** For each student, print their birthdate, first name, last name, grade and school. Use one line of the application for each student. When printing names, write one letter in each box. Stop if you run out of space. If there are more students present than lines on the application, attach a second application with all required information for the additional students. If any students listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. Foster children will receive free benefits regardless of the child's personal income or the income of the household. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4. If you believe any student listed in this section may be Homeless, Migrant, Runaway or Head Start check the appropriate box and complete all steps of the application.

**STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN SNAP (formerly known as Food Stamps), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR)?** If anyone in your household participates in the assistance programs listed, your children are eligible for free school meals. Enter a current case number.

### **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**A)** Report all income earned by students. Report the combined gross income for ALL students listed in Step 1 in your household. Only count foster children's income if you are applying for them together

with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

**B) List All Other Household member's names and income.** Do not list any household members you listed in STEP 1.

**Report total household size.** This number **MUST** be equal to the number of students listed in STEP 1 and the number of household members listed in STEP 3.

**Provide the last four digits of your Social Security Number.** If no adult household members has a Social Security Number, leave this space blank and check the box to the right labeled "Check if no SSN."

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE.** All applications must be signed by an adult member of the household. Provide your contact information.

**OPTIONAL:** The information on this form can be shared with Medicaid or Florida KidCare Programs and will not affect your child's eligibility for free or reduced price lunch. If you would like health insurance information for your child, please call 305-995-1207 or e-mail [KidCare@dadeschools.net](mailto:KidCare@dadeschools.net).

INCOME TO REPORT	
Earnings from Work	Salary, wages, cash bonuses, Net income from self-employment (farm or business), Strike benefits
Public Assistance/ Alimony/ Child Support	Unemployment benefits, Worker's compensation, Supplemental Security Income (SSI), Cash assistance from state or local government, Alimony payments, Child support payments, Veteran's benefits
Pensions/Retirement/ All Other Income	Social Security (including railroad retirement and black lung benefits), Private pensions or disability, Income from trusts or estates, Annuities, Investment income, Earned interest, Rental income, Regular cash payments from outside household

### INCOME ELIGIBILITY GUIDELINES

**Use the income chart below to see if you qualify for the free or reduced price meal program.**

**Effective July 1, 2019 - June 30, 2020**

Household Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For EACH additional household member add:	\$8,177	\$682	\$341	\$315	\$158

**INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.**

**NOTICE:** If you currently receive SNAP, TANF, FDPIR or Special Supplemental Nutrition Program for Women, Infants and Children (WIC), your enrolled child(ren) may be eligible for free meals.

**MEALS FOR DISABLED:** All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has been determined by a doctor to have a disability that prevents the child from eating regular school meals, the school will make any substitutions prescribed by a doctor at no extra charge. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of a disability.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES INFORMATION:** Children who are members of currently certified SNAP/TANF households may submit applications with abbreviated information (skip section 3). Free meal benefits will be extended to all children in a household when the application lists a SNAP/TANF number.

**APPLYING FOR BENEFITS:** You may apply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in family size, or become eligible for SNAP, TANF, or FDPIR benefits, you may complete an application at that time. **NOTE THAT ONCE APPROVED, BENEFITS ARE VALID FOR THE ENTIRE SCHOOL YEAR.**

**CONFIDENTIALITY:** Family size, household income, and Social Security Number information will remain confidential. Information you provide will determine your child(ren)'s eligibility to receive free or reduced price meals.

**USE OF INFORMATION STATEMENT:** 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.

**MILITARY FAMILIES:** Privatized military housing allowance is excluded from income eligibility determinations. 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 members income made available to them or on their behalf to the family. The determining official would count the service member as part of the household in establishing a child's eligibility for free and reduced price meals.

**NON-DISCRIMINATION:** 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.

**FAIR HEARING:** If you do not agree with the District's decision regarding your application or the result of verification, you may discuss it with staff at the District Office at (786) 275-0400 ext 5000. You also have the right to appeal the decision by calling or writing the Director of Operations at (786) 275-0426.

**VERIFICATION:** School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for SNAP, TANF, or FDPIR.

**DID YOU KNOW THAT.....** Breakfast is **FREE** for all students every school day! To obtain meal benefit more quickly, households may apply for free/reduced priced meals electronically by visiting [www.nutrition.dadeschools.net](http://www.nutrition.dadeschools.net).

**Direct Certification:** If you receive notification that your child has been directly certified to receive free meals for the school year you DO NOT need to apply for meal benefits.

UNTIL your application is processed, you will need to give your child(ren) money to purchase school meals. **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.**

If you have any questions or need help in filling out the application form, please do not hesitate to CALL YOUR SCHOOL FOR ASSISTANCE. You will be notified when the application is approved or denied. The phone number for the school district Telecommunication Device for the Deaf (TDD) is (305) 995-2400.

Sincerely,

Penny Parham,  
Food & Nutrition Officer



<https://paypams.com/HomePage.aspx>

## How do I register with PayPAMS?

To register, please follow the instructions below:

1. Go to <http://PayPAMS.com> and click on the 'Sign Up Now!' button on the home page.
2. Select your state and school district.
3. Create a user name and password and enter your contact information.
4. Add children to your account.

## How do I add a student to my PayPAMS account?

Please log in to your PayPAMS account, click 'add/remove student' on the main menu.

Please follow the instructions on the add students page.

Please note if you view a message that the student you are trying to add is associated with another account, contact PayPAMS Customer Support at <https://paypams.com/ContactUs.aspx>

## Moved to a different school district

If you moved to a different school district, you can keep the same username and password information. Please do not register again.

1. Login to your account
2. Go to Help/Contact Us and select subject 'Moved from District'.
3. Follow the instructions to select your state and school district. If the new school district is not listed, contact the new district's child nutrition department for payment options.

Note: PayPAMS cannot transfer money from one school district to another. Contact your previous school district for refunds.