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# Pittsford Schools

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PITTSFORD, NEW YORK

## 2018-2019 School Year

Dear Parent/Guardian,

The District recognizes the importance of assisting our families in need through various programs, including free and reduced-priced meals. As we enter the 2018-2019 school year, I want to provide some updated information.

New applications for this assistance are required for each school year. The 2017-2018 term for free and reduced meals ended on June 30, 2018.

Please complete and return the application on the back of this letter by Tuesday, August 28, 2018 in order for meal benefits to become effective for the start of school on Wednesday, September 5, 2018. Completed applications should be sent to 100 Mendon Center Road, Pittsford, NY 14534. You will be notified directly if your application is approved or denied.

Along with the completed application, please submit the following:


- Original copy of a direct certification letter or a copy of SNAP letter (not a benefits card)
- OR
- Income verification (2 consecutive pay stubs)

Without these materials, the Food Services Department will not be able to review applications for free and/or reduced meal benefits.

While August 28, 2018 is the deadline for access on the first day of school, the Food Services Department will continue to accept applications throughout the school year as we understand that circumstances change.

Please feel free to contact me with any questions or concerns at 267-1096. We look forward to serving your children healthy and nutritious lunches again this school year.

Sincerely,



Paulette F. Vangellow  
Director of Food Services

Date Withdrew \_\_\_\_\_

F \_\_\_ R \_\_\_ D \_\_\_

**2018-2019 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, complete **only one** form for your household, sign your name and return it to the address listed below. Call Paulette Vangellow at **267-1096**, if you need help. **Income or SNAP documentation required with applications.** Additional names may be listed on a separate paper.

**Return Completed Applications to: Pittsford Food Service Department  
100 Mendon Center Road  
Pittsford, NY 14534**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: \_\_\_\_\_ CASE #: \_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

\*Last Four Digits of Social Security Number: XXX-XX-\_\_ \_\_ \_\_ \_\_

I do not have a SS#

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the school officials may verify the information, and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster  
 Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Free Meals  Reduced Price Meals  Denied/Paid  
 Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_