

## MLWGS FREE BREAKFAST AND LUNCH PROGRAM

Dear Parent/Guardian:

Every day the school is open, MLWGS provides the meals students need in order to learn. **Your child(ren) may qualify for free meals (Breakfast- \$3.00; Lunch- \$5.00).** This packet includes an application for free meal benefits, and a set of detailed instructions. **While the school is closed to students, students will be supported by their home county's food programs.**

The food service operations at MLWGS does not directly participate in the Federal School Breakfast and Lunch Programs, and therefore does not receive state or federal reimbursement of any kind. The operation is supported entirely by the sale of food items. This system allows students to select from a wide array of choice. Food items are priced individually and the total cost of a student meal depends on the items selected. Menus are available online.

**If you are interested in applying for the meal credit program, complete the application attached to this letter and return it to the school as soon as possible.** Information provided on the application will be verified with the Department of Social Services. The information you provide will be treated confidentially and will be used only for eligibility determination and verification of data. You will be notified by the Assistant Director if your MLWGS student is approved for the meal credit. **Contact the Assistant Director (804) 354-4326 if you have any questions.**

### **Eligibility:**

In order for a MLWGS student to qualify for a credit toward the cost of breakfast and lunch, they or their household must receive **Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Aid for Needy Families (TANF)** from the Department of Social Services. **Foster, group home, or refugee children** also qualify for meal credits. There is no qualifying for meal credits under Federal income guidelines. In some cases, home school divisions that provide meals to all students will support extending benefits to students attending MLWGS.

### **Duration:**

A child's eligibility is in effect for the current school year and up to one month of the subsequent school year. A new application is required annually to continue benefits.

### **Frequently Asked Questions:**

- 1) **WHILE THE SCHOOL IS CLOSED, WHAT FOOD SERVICES ARE AVAILABLE?** Our participating divisions have unanimously agreed to support students in their home counties with the food services they are providing to other students.
- 2) **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first month of this school year, through October 1. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 3) **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year due to a change in status or enrollment in one of the programs listed above.
- 4) **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** For clarification you should contact: Mr. Max Smith (804) 354-6800 x1001, msmith@gsgis.k12.va.us. You also may ask for a hearing by calling or writing to: Dr. Robert Lowerre (804) 354-6800 x2180, rlowerre@gsgis.k12.va.us.
- 5) **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free meals.
- 6) **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Virginia SNAP or other assistance benefits, contact your local assistance office or call (855) 635-4370.
- 7) **MY CHILD'S HOME SCHOOL/DISTRICT PARTICIPATES IN COMMUNITY ELIGIBILITY PROVISION (CEP), WILL THIS APPLY AT MLWGS?** CEP benefits do not flow through once a student comes to MLWGS, in rare cases a district will agree to extend this benefit to a student attending MLWGS from a home school/district that participates in CEP.

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**Application Directions:** Please complete all requested information below, any omissions may cause a delay in determining a child’s eligibility for the meal credit. This form must be signed by a parent or guardian and then returned to the office of the Assistant Director (Room 100) **within one month of the start of classes on campus.**

**Step 1:**

<b>Student Information</b>	<b>Parent Information</b>
Name:	Name:
Address:	Address (if different from student):
Home Phone:	Home Phone (if different):
Home School Division:	Work Phone:
Email Address:	Email Address:
Social Security Number (Opt.):	Social Security Number (Opt.):

**Step 2:** Do any household members, including yourself, currently participate in one of the following programs or hold one of the following statuses (check all that apply):

- Supplemental Nutrition Assistance Program (SNAP)  
Case Number: \_\_\_\_\_/Case Worker Name: \_\_\_\_\_/Contact #: \_\_\_\_\_
- Temporary Aid to Needy Families (TANF)  
Case Number: \_\_\_\_\_/Case Worker Name: \_\_\_\_\_/Contact #: \_\_\_\_\_
- Statuses: Foster child, group home resident, or refugee child  
Point of Contact Name: \_\_\_\_\_/Contact #: \_\_\_\_\_
- My student’s home school/division participates in CEP and I request that they extend this benefit to my student attending MLWGS. Point of Contact Name: \_\_\_\_\_/Contact #: \_\_\_\_\_

**Note:** Our meal program is not subsidized by the Federal government, therefore income guidelines do not apply.

**Step 3 (REQUIRED):** If you checked one of the programs/statuses in Step 2, please attach a copy of one of the following:

- Certification Notice that shows dates of an active case or status
- Letter from the appropriate office that shows dates of certification
- School Division letter stating support of extending benefits to an MLWGS student

**Step 4:** Release of Information

I hereby authorize the \_\_\_\_\_ (City/County) Department of Social Services to provide verification to the Maggie L. Walker Governor’s School of benefits my household receives in the programs or statuses listed above. It is further understood and agreed that there may be periodic re-verification of eligibility for these benefits or statuses, and that a copy of this form may be provided to the Department of Social Services. I certify that the information provided above is correct and that the Department of Social Services identified is authorized to verify benefits claimed on this application. I have conveyed my authorization to the appropriate case worker in writing or by phone.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sharing Information with Other Programs**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free Breakfast and Lunch Application can be shared with other programs for which your child(ren) may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your child(ren) receive free meal benefits.

- Yes! I DO want school officials to share information from my Free Breakfast and Lunch Application with the Associate Director, who facilitates subsidies for class fees, student activities, and other requests for school-related financial assistance.
- Yes! I DO want school officials to share information from my Free Breakfast and Lunch Application with the GReat Aspirations Scholarship Program, which provides free financial advice on scholarship programs, grants, and student loans.
- Yes! I DO want school officials to share information from my Free Breakfast and Lunch Application with the Counseling Department, which facilitates fee waivers or reductions for AP Exams, SAT testing, and ACT testing.
- Yes! I DO want school officials to share information from my Free Breakfast and Lunch Application with the Technology Department, which facilitates programs to loan students laptops and to provide free mobile hotspots for internet access.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name:

Address:

For more information, you may call the Assistant Director at MLWGS at (804) 358-4326 or email at [msmith@gsgis.k12.va.us](mailto:msmith@gsgis.k12.va.us). **Return this form to Office 100 within one month of the start of classes on campus.**