# Free or Reduced-Price Meals

## Eligibility Criteria

- 1. The Supervisor of Food and Nutrition Services will use the criteria announced annually by the United States Department of Agriculture to determine which individual children are eligible for free or reduced-price meals.
- 2. Eligibility guidelines are from July 1<sup>st</sup> to June 30th each year:

Children from families with incomes at or below 130% of the poverty level, and children in families receiving Temporary Assistance for Needy Families (TANF) and children in families receiving food stamp benefits are eligible for free meals. Children in families whose income is between 130% and 185% of the poverty level are eligible for reduced-price meals.

## Appeals

- 1. A family who wishes to appeal a complete or partial denial of its application for eligibility can do so by filling out the attached form and submitting it to the District Controller. See Attachment A.
- 2. Appeals of eligibility applications can also be requested orally by telephoning the District Controller.
- 3. The District will comply with the National School Lunch Act and its implementing regulations regarding hearing procedures for family appeals.

#### Promoting Awareness

- 1. The District will promote awareness of free or reduced-price meals in its schools and community.
- 2. Free and reduced-price meal applications will be distributed to each household annually.
- 3. The District will post information on its publicly accessible website regarding free and reduced-price meals.
- 4. Households approved for benefits based on information provided by State or local agencies will be notified, in writing, that their children are eligible for free meals or free milk, and that no application for free and reduced-price meals or free milk is required.
- 5. The District will provide a simple, publicly announced method to make an oral or written request for a hearing in the case of a free and reduced price meal application denial.

### TREDYFFRIN/EASTTOWN SCHOOL DISTRICT 940 West Valley Road Suite 1700 Wayne, PA 19087

## Appeal – Denial of Application for Free and Reduced-Price Meals

1. Names of all household members (first, middle and last). Please include school grade, and school name for all children in the household who attend school:

2. Please state why you believe your child/children meet the minimum eligibility criteria:

Print Parent/Guardian Name

Parent/Guardian Phone #

Signature of Parent/Guardian

Parent/Guardian Address

\_\_\_\_\_

Date