

This program is only for those families NOT already receiving free/reduced lunch assistance.



SCHOOL MEAL SUPPLEMENTAL ASSISTANCE PROGRAM 2019/2020

One CONFIDENTIAL application per household

Adult head of household _____ Date _____

Total number of people in household _____

(Household includes each person living in your household, related or not. This includes adults and children.)

Part 1 - Children in T/E School

Names of children in T/E Schools	School Name	Grade

Part 2 – You **MUST** initial **each** line to certify agreement that at the current time the following are true:

___ I certify that my household has applied for and been denied funding from the free and reduced school meal program.

___ I certify that my household receives no extra school lunch funding from a foster or welfare agency.

___ I certify that none of my children have a negative balance of more than \$30 in their point of sale account.

___ I certify that my household total gross monthly income does not exceed the amount in the chart below next to the number of people in my household. (I have already contacted T&E Care and received approval if I qualify for an exception.)

I understand that I must agree to ALL 4 of the above criteria to apply for this program.

Income Eligibility for T&E Care School Meal Assistance Program (MONTHLY INCOME)

Household Size	Monthly Gross Income Cap	Note: (calculated at up to 300% of 2019 federal poverty level) “Gross income” is the amount earned by all adult members in the household before taxes and other deductions. It includes money earned from welfare, unemployment, child support, alimony, social security, pensions, retirement, disability, rental income and any other income. If you make UNDER this cap – you may qualify for assistance for through this program.
2	\$4228	
3	\$5333	
4	\$6438	
5+	\$7543	

I certify (promise) that all information on this application is true. I understand that school officials may confirm the accuracy of the information. I understand that if I purposely give false information, my children will be immediately removed from this program, and any funds received will have to be repaid.

(Head of household) Sign here _____ Print name _____

Address _____ Phone number _____

Applications should be given to your child’s counselor who will notify you if your application is approved. Applications can be submitted throughout the year, starting August 20.

(If you have students in multiple schools – pick just one of the counselors.)



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Dear Parent/Guardian,

T&E Care recognizes that school meals can be difficult for some families to afford on a regular basis. We have a program that can provide a limited subsidy for these expenses for qualifying students. **This program will provide a minimum of \$35/month for each student during the school year.**

Who will qualify? You ***must FIRST have applied for and been denied*** participation in the free/reduced program run through the school district before applying for this program. Students will be eligible based on household income. The T&E Care program is set to be a transition for families making just "too much money" to qualify for free/reduced assistance. See income guidelines on application.

How do I apply? You must complete the attached confidential application and give it to a counselor.

Is there a deadline? Applications can be submitted anytime during the school year (after August 20).

How is income confirmed? The head of the household must certify with a signature that he/she is in compliance with the income guidelines described on the application. If you need an exception to these criteria – please contact us at lunchhelp@tecare.org.

How will my child(ren) receive the benefit? A minimum of \$35 will be deposited into each eligible child's point-of-sale account. These deposits will be made during the first week of each month. Unless otherwise discussed with the family, (other than school officials) no one will know that your child(ren) receives this benefit.

Could the monthly benefit be more than \$35? It might. It's anticipated that for the 2019/2020 year the elementary students will get \$35/month, middle school students will get \$45/month, and CHS students will get \$55/month. The amount may vary some, based on the total number of participants and the amount of total funding, but will never be less than \$35/month. (An exception is made in June when less than the full amount may be paid due to a shorter month.)

What is the source of funding for this program? Most of the funding comes from donations from community members who recognize the importance of healthy meals for all children.

Can the money be used for breakfast or lunch? The money is put into your child's account to use as he/she wishes.

Where should the application be submitted? Applications should be given to your child's counselor, who will notify you if your application is approved. If you have more than one child (and/or more than one counselor) – just choose any one of the counselors. (One application per household.)

Why must I first apply to the free/reduced school program before applying for the T&E Care program? If you qualify for the free/reduced program, it offers better assistance for your child's meals, plus additional options for assistance for your child at school (dental assistance, field trip waivers, test application waivers, etc.). If you can qualify for that program – it is better for your child(ren).

Who will know that my child is getting this assistance? The food service department will know, your child's counselor and principal will know, and a couple of T&E Care folks will know. That's it, unless you tell people. We totally understand the need for privacy in this type of request.