

Tiffany J. Moutis
Superintendent



Danielle Dolci
Business Administrator/
Board Secretary

Mansfield Township School District
Office of Superintendent

www.mansfieldschool.com
200 Mansfield Road East
Columbus, New Jersey 08022
Phone: 609-298-2037 Ext. 2000

Dear Parent/Guardian:

Children need healthy meals to learn. The **MANSFIELD TWP BD OF ED** offers healthy meals every school day at the prices listed below. **Your children may qualify for free or reduced price meals and Summer EBT benefits.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$3.85	N/A	N/A	\$0.00	N/A	N/A
School Breakfast	\$2.50	N/A	N/A	\$0.00	N/A	N/A
After School Snack	N/A	N/A	N/A	N/A	N/A	N/A
Special Milk Program	N/A	N/A	N/A	N/A	N/A	N/A
Split Session Milk Program	N/A	N/A	N/A	N/A	N/A	N/A
N/A - Not Applicable						

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to <https://sites.google.com/mansfieldschool.com/cafeteria?usp=sharing>.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS AND SUMMER EBT BENEFITS?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ**
- Foster children that are under the legal responsibility of a foster care agency or court
- Children participating in their school's Head Start program
- Children who meet the definition of homeless, runaway, or migrant
- Children may receive free or reduced price meals and Summer EBT benefits if your household's income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2025-2026			
Household Size	Yearly	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional person:	10,175	848	196

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals and Summer EBT, please call or e-mail your school, homeless liaison or migrant coordinator.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one School Meals and Summer EBT Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS AND SUMMER EBT? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
6. 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 few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS AND SUMMER EBT? Children in households participating in WIC may be eligible for free or reduced price meals and Summer EBT. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals and Summer EBT if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to

Hearing Officer Name: Danielle Dolci Address: 200 Mansfield Road East, Columbus, NJ - 08022
Phone Number: (609)298-2037 Ext: 2010

11. 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 or reduced price meals and Summer EBT.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE ANY OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to nj.gov/humanservices/njsnap/apply/ways/. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help,
call (609)298-2037 Ext:2010

Sincerely,

Signature:



Name: Danielle Dolci

How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the Mansfield Township School District.

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Beth Pigott at (609) 298-2037, Ext. 2010 or bpigott@mansfieldschool.com

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List ALL children, infants, and students up to and including grade 12

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) [school/school system here].

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.	B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4. <u>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</u>	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. <u>You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</u>
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Step 2: Do any household members currently participate in SNAP, TANF, or FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or [Insert State SNAP here].
- Temporary Assistance for Needy Families (TANF) or [Insert State TANF here].
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in Step 2 and go to Step 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact [Insert State/local agency contacts here].
- Go to Step 4.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "Sources of Income" & "Examples of Income for Children," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in Step 1.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- *What if I have multiple jobs?* List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- *What if I am self-employed?* List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- *What if I receive income from multiple sources in this category?* List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- *What is Child Income?* Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.	B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."	C) Mail completed application to: Insert School/District address here
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Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

APPLY ONLINE: NA

RETURN TO (School/District Name): Mansfield Township School District

















ADDRESS: 200 Mansfield Road East, Columbus, NJ 08022

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household.

Foster Child	Migrant Worker	Runaway	Homeless
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2	2	2	2
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100	100	100	100

[illegible]

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C Part D.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space

ctions)

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

	Every 2 weeks	2x Month
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 来源: 192.168.1.100
 用户: admin
 操作: 登录成功
 备注: 系统维护中

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EBT Benefits, check this box:


 Springer

for list of income sources.

"I certify (promise) that all information on this application is true and that all income is reported, I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

For Summer EBT only: I certify that I am not already receiving Summer EBT Benefits in another State.

Signature of Adult (Required)

Today's Date _____

City

State

zip

Phone (optional)

Email (optional)

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			
Earnings from Work <ul style="list-style-type: none">• Salary, wages, cash bonuses, tips, commissions• Net income from self-employment (farm or business)If you are in the U.S. Military:<ul style="list-style-type: none">• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)• Allowances for off-base housing, food, and clothing	Public Assistance/Alimony/Child support <ul style="list-style-type: none">• Unemployment benefits• Workers' compensation• Supplemental Security Income (SSI)• Cash assistance from State or local government• Alimony payments• Child support payments• Veterans benefits• Strike benefits	Pensions/Retirement/All other sources of income <ul style="list-style-type: none">• Social Security/Disability (including railroad retirement and black lung benefits)• Private Pensions or disability benefits• Income from trusts or estates• Annuities• Investment income• Earned interest• Rental income• Regular cash payments from outside household	Examples of Income for Children <ul style="list-style-type: none">• A child has a regular/full or part-time job where they earn a salary or wages• A child is blind or disabled and receives Social Security benefits• A parent is disabled, retired, or deceased, and their child receives Social Security benefits• A friend or extended family member regularly gives a child spending money• A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT For school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?	Household size	Categorical Eligibility	Federal Income Eligibility	If Federal Denied: Eligible for NIEIR
	Weekly 2 Weeks Every 2 Weeks Monthly Annually		<input type="checkbox"/>	Free Reduced Denied	Yes <input type="checkbox"/> No <input type="checkbox"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature	Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

*MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410	FAX: (833) 256-1665 or (202) 690-7442; or EMAIL: program.intake@usda.gov	*Do not mail applications to this address, only complaints of discrimination.
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Return completed form to your child's school. This instruction is an equal opportunity provider.



Mansfield Township School District

www.mansfieldschool.com

SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE

Dear Parent/Guardian:

If your children get federal free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the School Meals and Summer EBT Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

☐ No! I DO NOT want information from my School Meals and Summer EBT Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare).

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian:_____

Date:_____

Printed Name:_____

Address:_____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

Sincerely,

Mrs. Danielle Dolci

Business Administrator/Board Secretary
Mansfield Township School District
200 Mansfield Road East
Columbus, NJ 08022
609-298-2037 ext. 2500
ddolci@mansfieldschool.com

Mansfield Township School District
SHARING INFORMATION WITH OTHER PROGRAMS
2025-2026 School Year

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced priced meals.

- _____ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with **school district and community charitable assistance programs.**
- _____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the school nurse, school secretary, school administration and homeroom teacher so my child can be **considered** for monetary assistance for **class field trips.**
- _____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the school nurse, school secretary, school administration and homeroom teacher so my child can be **considered** for monetary assistance for **school party contributions.**
- _____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the school nurse, school secretary, school administration and homeroom teacher so my child can be **considered** for monetary assistance for **the annual Book Fair.**
- _____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the school nurse, school secretary, school administration and homeroom teacher so my child can be **considered** for **assistance at Thanksgiving.**
- _____ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the school nurse, school secretary, school administration and homeroom teacher so my child can be **considered** for **assistance for the winter holiday gift drive.**

Please see reverse side.

If you checked yes to any of the boxes on the reverse side of this page, fill out the form below. Your information will be shared only with the program you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____

For more information, you may call Beth Pigott at (609) 298-2037 Ext. 2010

Return this form to:
Mansfield Township Elementary School
Superintendent's Office/Free & Reduced School Meals