CAPE CORAL CHARTER SCHOOL AUTHORITY

Announces its policy for Free and Reduced-Price Meals for students under the

NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS

Any interested person may review a copy of the policy by contacting.

Mary Ossichak, 3519 OASIS BLVD, CAPE CORAL, FL 33914, 239-945-1999 x7115

Household size and income criteria will be used to determine eligibility. An application can not be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire year. You need to notify the organization of changes in income and household size.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for Free or Reduced-Price Meals, households must complete the application and return it to the school. Additional copies are available at the principal's office in each school. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year. Applications may be submitted at any time during the year.

Households that receive SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) are required to list on the application only the child's name, SNAP/TANF case number, and signature of adult household member.

Foster children will receive free benefits regardless of the child's personal income or the income of the household.

Households with children who are considered migrants, homeless, or runaway should contact the district liaison **Tiffany Cobin** at **239-424-6100 ext. 7148**.

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Additionally, a housing allowance that is part of the Military Housing Privatization Initiative is not to be included as income.

All other households must provide the following information listed on the application:

- Total household income listed by gross amount received, type of income (e.g., wages, child support, etc.) and how often the income is received by each household member.
- Names of all household members – check the "no income" box if applicable; if household member is a child, list school name for each.
- Signature of an adult household member certifying the information provided is correct; and
- Social security number of the adult signing the application or the word "NONE" for this household member if he or she does not have a social security number.

If a household member becomes unemployed or if the household size changes, the school should be contacted. Children of parents or guardians who become unemployed should also contact the school.

Under the provisions of the Free and Reduced-Price meal policy

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will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he or she may wish to discuss the decision with the determining official on an informal basis. If the parent wishes to make a formal appeal, he or she may make a request either orally or in writing to

Jacquelin Collins, Superintendent, 3519 Oasis Blvd, Cape Coral, FL 33914, 239-424-6100 x7447

Unless indicated otherwise on the application, the information on the Free and Reduced-Price Meal application may be used by the school system in determining eligibility for other educational programs.

FLORIDA INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective from July 1, 2025, to June 30, 2026

FREE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	48,945	4,079	2,040	1,883	942
6	56,095	4,675	2,338	2,158	1,079
7	63,245	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354
For each additional family member, add.	+7,150	+596	+298	+275	+138

REDUCED-PRICE MEAL SCALE					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add.	+10,175	+848	+424	+392	+196

To determine annual income:

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English.

Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410.

2. fax: (833) 256-1665 or (202) 690-7442

3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Oasis Charter Schools

NOTICE OF FREE OR REDUCED-PRICE MEAL POLICY
INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND WILL NOT BE USED TO DOCUMENT ILLEGAL IMMIGRANTS.
INCOMPLETE, ILLEGIBLE, AND INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS. PLEASE PACK A LUNCH OR GIVE YOUR CHILD MONEY TO PURCHASE MEALS UNTIL THE APPLICATION IS PROCESSED.

Cape Coral Charter School Authority serves nutritious meals every school day. All meals served meet nutrition standards set by the U.S. Dept of Agriculture. Breakfast prices are $2.25 and lunch prices are $3.50 at the elementary/middle and $3.75 at the high school. Children may also be eligible for free or reduced-price meals which are $0.30 for breakfast and $0.40 for lunch.

Eligibility from the previous year will continue for up to 30 operating days in the new school year. You may apply at any time during the school year for free or reduced-price meals for your children by completing this application and returning it to the school. To avoid a delay in the processing of the application, answer all the questions on this form. An application which does not contain total household income, the names of all household members, a signature and last four digits of Social Security Number of the adult household member completing this application or state that the household member does not have one cannot be processed. Households with children who are members of currently certified SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) households may submit applications with abbreviated information. Your child does not have to be a U.S. Citizen to qualify for free or reduced-price meals. You will receive written notification of your household meal eligibility within ten school days of receipt of the application. If you do not agree with the district's decision, you may wish to discuss your application with a member of our staff. If you wish to review the decision further, you have the right to a fair hearing. This can be done by calling the Food Services Office at 239-424-6100. You may also request a hearing by writing to the Food Services Supervisor, 3507 Oasis Blvd, Cape Coral, FL 33914.

No application is necessary if the household is notified that your children are directly certified. If you are not sure if your children are directly certified, then contact the school. Free meal eligibility will be extended to all children in a household when the application lists an Assistance Program's case number for any household member.

Foster children will receive free benefits regardless of the child's personal income or the income of the household. If you have foster children living with you and wish to apply for meals for them, check the foster child box on this application. If the foster family is not eligible for free or reduced-price meals, it does not prevent a foster child from receiving free meal benefits. Children in households participating in WIC may be eligible for free or reduced-price meals.

If you are Homeless, a Runaway or Migrant please call the district liaison at 239-424-6100 x 7148 to obtain information on receiving free meals.

If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income. Deployed service members are considered a part of the household and should be included on the application. The service member will be counted as a part of the household when determining the student's eligibility. Only the portion of their income that is made available to the family should be listed next to their name.

Your child's meal eligibility is good for the entire school year. If you are not eligible now and during the school year there is a decrease in your family income, an increase in household size, you begin receiving SNAP or TANF, or you become unemployed, you may be eligible for free or reduced-price meals. Contact the Food Services Office for an application at any time.

The information you give on this application is confidential and will only be used for the purpose of determining eligibility for free and reduced-price meals. At any time during the school year this information may be checked by an assigned verification official. You will receive written notification if your application is selected for verification.

INSTRUCTIONS FOR HOUSEHOLDS WITH DEPLOYED SERVICE MEMBERS: For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family.

USE OF INFORMATION STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

INCOME **THAT MUST BE REPORTED**

Income means money earned **before** deductions such as income taxes, employee's Social Security taxes, insurance premiums, bonds etc. **Income includes, but is not limited to:**

Earnings from work: wages, salaries, tips, commissions, net income from self-owned business and farms, strike benefits, unemployment compensation and worker's compensation. Welfare / child support / alimony: public assistance payments, welfare benefits (TANF, General Assistance, General Relief etc.), alimony or child support payments. Retirement / disability benefits: pensions, retirement income, veteran's benefits, Social Security, supplemental Social Security income, disability benefits. Any other income: net rental income, annuities, net royalties, interest, dividend income, cash withdrawn from savings, income from estates, trusts and/or investments, regular contributions from persons not living in the household, and any other money that may be available to pay for the child's meals.

HOW TO COMPLETE THIS APPLICATION

INCOME - COMPLETE ONLY 1 APPLICATION

PART 1: List student full name, birth date, grade and school name of all students attending Cape Coral Charter School Authority.
PART 2: List student's gross income and frequency or enter "0" if no income.
PART 3: Skip this part.
PART 4: List all adults and children who live in the house that are not listed in Part 2. List each household member's income and frequency or check the "No Income" box if none. Self-employed or seasonal workers may use the yearly income frequency.
PART 5: List number of household members.
PART 6: Indicate the adult household member's last four digits of their Social Security number or check the box that they do not have one. The adult who completed the application must sign in the box and date the form. Please fill in all contact information.
PART 7: Optional, you do not have to provide the following information. Check the ethnic and racial identity boxes.
PART 8: Optional, you do not have to provide the following information.
Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.

SNAP/TANF - COMPLETE ONLY 1 APPLICATION

PART 1: Check any boxes that apply.
PART 2: List student full name, birth date, grade and school name of all students attending Cape Coral Charter School Authority.
PART 3: Skip this part.
PART 4: Include the name and 10-digit SNAP case number beginning with the number 1 for any household member who receives SNAP or TANF benefits.
PART 5: Skip this part.
PART 6: List number of household members.
PART 7: The adult who completed the application must sign in the box and date the form. Please fill in all contact information.
PART 8: Optional, you do not have to provide the following information. Check the ethnic and racial identity boxes.
PART 9: Optional, you do not have to provide the following information.
Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.

FOSTER CHILD - COMPLETE ONLY 1 APPLICATION

PART 1: Check any boxes that apply.
PART 2: Check the Foster Child box for any foster children in the household. List student full name, birth date, grade, and school name for the student.
PART 3: Skip this part if this application includes foster children only.
PART 4: Skip this part if this application includes foster children only.
PART 5: List all adults and children who live in the house that are not listed in Part 2. List each household member's income and frequency or check the "No Income" box if none. Skip this part if it is a foster child only application.
PART 6: Household should list total number of household members. The household may have more than one foster child listed on the application.
PART 7: Indicate the adult household member's last four digits of their Social Security or check the box that they do not have one. The adult who completed the application must sign in the box and date the form. Please fill in all contact information. If you are applying for foster child only, then you do not have to provide your social security number.
PART 8: Optional, you do not have to provide the following information. Check the ethnic and racial identity boxes.
PART 9: Optional, you do not have to provide the following information.
Check the box if you do not want the information on this application to be used in determining the student's eligibility in other educational programs or your child does not have health insurance.

FLORIDA INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective* from *July 1, 2025, to June 30, 2026

REDUCED-PRICE MEAL SCALE					
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