

45 County Road 519 Bloomsbury NJ 08804

Tel: 908.995.1999 Fax: 908.995.1994

www.warrenglenacademy.com

Dear Parent/Guardian:

Children need healthy meals to learn. The **ELNORAH INC dba Warren Glen Academy** 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 Mid		High	Elementary	Middle	High	
National School Lunch	\$4.10	N/A	\$4.10	\$0.00	N/A	\$0.00	
School Breakfast	\$2.75	N/A	\$2.75	\$0.00	N/A	\$0.00	
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 a School Meals and Summer EBT Application and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

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.

- 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 <u>normally</u> 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 (908)995-1999 Ext:109

Sincerely,

Signature (

Name: Fran Corl

Application #:

2025-2026 School Meals and Summer EBT Application (Standard & CEP Schools)

RETURN TO (School/District Name): Warren Glen Academy ADDRESS: 45 Route 519 Bloomsbury, NJ 08804

APPLY ONLINE:

Complete one application per household. Please use a pen (not a pencil). Child's First Name List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household. B. Child Income NO → Go to STEP 3. (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." "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 For Summer EBT only: I certify that I am not already receiving Summer EBT Benefits in another State. STEP 1 STEP 3 STEP 2 Print Name of Adult Signing the Form All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) STEP 4 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. List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here. Sometimes children in the household earn or receive income. Name of Adult Household Members (First and Last) Total Household Members (Children and Adults) List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names. Do any household members (including you) participate in: SNAP, TANF, or FDPIR? List ALL household members and income for each member (before taxes and deductions) Contact information and adult signature. 0 YES → Write case number here and proceed to STEP 4. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here Primary Wage Earner or other Adult Household (Required if applying for School Meals only) ast Four Numbers of Social Security Number of Earnings from Work * Child's Last Name [press space bar to advance] Signature of Adult (Required) State 0 0 0 0 CASE NUMBER (NOT EBT NUMBER): Every 2Weeks 0 How often received? 2x Month Zip Child Income School Name (Abbr.) Weekly 0 1 Public Assistance, Child Support, Every 2Weeks 2xMonth OR~ Security Number Phone (optional) 0 How often received? Write only one case number in this space. 0 Check if no Social Monthly 0 0 0 0 0 0 Grade Every 2Weeks 0 0 0 0 2x Month Please see application's back 0 0 0 for list of income sources. 0 Check all that apply Email (optional) Today's Date Foster Child Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Runaway Homeless EBT Benefits, check this box: If you do not want Summer 0 0 0 0 0 How often received? 0 0 Step 1: Part C & Application refer to the boxes, please any of these Instruction's If you checked 0 0

Return completed form to your child's school.

Mailing Address (if available)

City

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

	Sources of Income		Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/	Pensions/Retirement/ All other sources of income	 A child has a regular full or part-time job where they earn a salary or wages
 Salary, wages, cash bonuses, tips, commissions 		Social Security/Disability (including railroad section and black lung benefits)	 A child is blind or disabled and receives Social Security benefits
• Net income from self-employment	 Workers' compensation Supplemental Security Income (SSI) 	retirement and black lung benefits Private Pensions or disability benefits	 A parent is disabled, retired, or deceased, and their child receives Social Security benefits
from or business, If you are in the U.S. Military:	Cash assistance from State or local	 Income from trusts or estates Appulities 	
 Basic pay and cash bonuses (do NOT include 	Alimony payments	Investment income	A friend or extended family member regularly gives a child spending money
combat pay, FSSA, or privatized housing	Child support payments	- Earned Interest	
allowances)	Veterans benefits	Rental income	
 Allowances for off-base housing, food, 	Strike benefits	Regular cash payments from	A child receives regular income from a private pension fund, annuity, or trust
and clothing		outside household	

Determinir	Total Income	Annual Ir		Return th	Race (che	Ethnicity	We are re	OPTIONAL
Determining Official's Signature	ne	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. Federal Income Flicibility If Federal Income Flicibility Inc		Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department	Race (check one or more): American Indian or Alaska Native	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)	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.	NAL Ch
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Use of Information Statement

and law enforcement may also use your information to make sure that program rules are met. and nutrition programs to help them deliver program benefits to your household. Inspectors approve complete forms. We may share your eligibility information with education, health, from this application to see who qualifies for free or reduced price meals. We can only The Richard B. Russell National School Lunch Act requires that we use information

Some children qualify for free meals without an application. Please contact your school to get Program on Indian Reservations (FDPIR) do not need to list a Social Security number Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution number. Applications for children in households receiving Supplemental Nutrition Assistance Social Security Number.' Applications for a foster child do not need to list a Social Security household member who signs the application. If the adult does not have one, 'Check if no Please be sure to provide the last four numbers of the Social Security number of the adult free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited 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.

be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.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 To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture FAX: EMAIL: (833) 256-1665 or (202) 690-7442; or

*MAIL:

1400 Independence Avenue, SW

Office of the Assistant Secretary for Civil Rights

Washington, D.C. 20250-9410

program.intake@usda.gov

*Do not mail applications to this address, only complaints of