



MATER LAKES ACADEMY

MIAMI-DADE COUNTY PUBLIC CHARTER SCHOOL

17300 N.W. 87TH AVENUE MIAMI, FL 33015

305-698-8000 • 305-698-1800 FAX

Rene Roviroso

Principal

Dear Parent/Guardian:

Children need healthy meals to learn. **Mater Lakes Academy Middle/High** offers healthy meals every school day. Breakfast costs **Free to all students**; lunch costs **\$4.00**. Your children may qualify for free meals or for reduced price meals. Reduced price is **Free to all students** for breakfast and **\$.40** for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals 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: **Mater Lakes Academy Middle/High, 17300 Nw 87TH Avenue, Hialeah, FL 33015, 305-698-8000 ext 209.**
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **[Florida SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)]** or **[State TANF]**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
4. CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Mr. Gustavo Roviroso at 305-698-8000 ext 209 or groviroso@materlakes.org.**
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get reduced price meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the school at **305-698-8000 ext 209** if you have questions.
7. 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.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.

9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.
10. 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 if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. Gustavo Rovirosa at 305-698-8000 ext 209 or grovirosa@materlakes.org**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. 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.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **[Florida SNAP]** or other assistance benefits, contact your local assistance office or call **1-866-762-2237**.

If you have other questions or need help, call **305-698-8000 RXT 209**

Sincerely,

Rene Rovirosa

Principal

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/...>, 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:

mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
 fax:
 (833) 256-1665 or (202) 690-7442; or
 email:
program.intake@usda.gov

This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM [FLORIDA SNAP], [FLORIDA TANF], OR [THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

Part 1: List only household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) receiving [Florida SNAP],[Florida TANF], or [FDPIR] benefits.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez** at your school.

IF NO ONE IN YOUR HOUSEHOLD GETS [Florida SNAP], [Florida TANF], OR [FDPIR] BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, OR IN HEAD START FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and call [your school, homeless liaison, runaway, head start or migrant coordinator]

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 3.

Part 5: Answer this question if you choose.

Turn the form in to **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez** at your school.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 5: Answer this question if you choose.

Turn the form in to **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez** at your school.

If some of the children in the household are foster children:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box for each foster child. If any child you are applying for is homeless, migrant, in Head Start or a runaway check the appropriate box and if you have questions call **your school**.

Part 2: Skip this part.

Part 3: Complete only if a child in your household isn't eligible under Part 1. See instructions for All Other Households.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5: Answer this question if you choose.

Turn the form in to **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez** at your school.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is homeless, migrant, Head Start, a foster child or a runaway check the appropriate box and call **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez**.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
 - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

FEDERAL ELIGIBILITY INCOME CHART for School Year 2022-2023			
Household size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	+8,732	+728	+168

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs? Check the appropriate box.

Part 5: Answer this question if you choose.

Turn the form in to **Mr. Gustavo Roviroso Cafeteria Manager or Olga Gonzalez** at your school.

2022-2023

FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS RETURN THIS APPLICATION TO YOUR CHILD'S SCHOOL****

Names of <u>all</u> household members (First, Middle Initial, Last)	Student ID	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [Florida SNAP], [FDPIR] OR [Florida TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																				
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
(Example) Jane Smith	\$200	X				\$150		X			\$0					\$0					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					
	\$					\$					\$					\$					

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify (promise) that all information on this application is true, and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature: _____ Printed name: _____ Date: _____
 Address: _____ Phone Number: _____

Email: _____ City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: *** - * * - ____ _ I do not have a Social Security Number

The information contained within this application may be shared with other Federal/Local health programs for which your child(ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs No Yes Child(ren) may also qualify for free or low-cost health and dental insurance with Florida KidCare. Apply at floridakidcare.org or call 1-888-540-5437.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: _____ Choose one or more (regardless of ethnicity): _____

*******DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY*******

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

- Hispanic/Latino
- Not Hispanic/Latino

- Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

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mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
fax:
 (833) 256-1665 or (202) 690-7442; or
email:
 program.intake@usda.gov

This institution is an equal opportunity provider.

Date of Contact	Staff Initials	Name of Household Member Contacted	Detailed Information Received



MATER LAKES ACADEMY

MIAMI-DADE COUNTY PUBLIC CHARTER SCHOOL

Meal Charge Policy 2022-2023

The goal of our food service program is to provide student with healthy meals each day. However, unpaid charges place a large financial burden our Food Service Department. The intent of this policy is to establish uniform meal account procedures because we understand that students may periodically forget or lose lunch money. We encourage parent/guardian responsibility of meal payments and promote self-responsibility of the student while treating all student with dignity. .

The Principal may allow the students to pay at a later date. In these cases, the principal assumes the responsibility for the following:

- Authorizing the family or student to make a deferred payment
- Collecting monies due

Payment for a reimbursable meal is due as the student is served. If payment is not received once a reimbursable meal is served, then payment issues will be resolved through the school directly with the student and their parent/guardian(s).

Full Pay Students will pay for meals at the published standard rate each day. Student may accrue a negative balance of up to three meals on their food service account. Once a student has charged those three meals, no a la carte item will be sold to the student, and the student may be offered an alternate reimbursable meal which will be charged to the student's meal account at the standard rate.

Reduced Meal Benefit Reduced status students will be allowed to receive a breakfast for Free and lunch for \$0.40 each day. A student will be allowed to charge a maximum of six (6) meals to their account after the balance reaches zero. Once a student has charged those six meals, no a la carte item will be sold to the student, and the student may be offered an alternate reimbursable meal which will be charged to the student's meal account at the standard rate.

Free Meal Benefit - Free status students will be allowed to receive one free breakfast and one free lunch each day. A la carte purchases must be prepaid.

Parents/Guardians are responsible for meal payment to the food service program. Notices of low or deficit balances will be sent to parents/guardians at regular intervals during the school year. Payment for meals can be made in advance, further details are available on the school's website. Funds should be maintained in accounts to minimize the possibility that a student may be without meal money on any given day. Any remaining funds for a particular student will be carried over to the next school year.

All school cafeterias have computerized point of sale/cash register systems that maintain records of all monies deposited and spent for each student.

Refunds for withdrawn, and graduating students; a written request for a refund of any money remaining in their account must be submitted. An e-mail request is also acceptable. Students who are graduating at the end of the year will be given the option to transfer to a sibling's account with a written request.

Unclaimed Funds must be requested within one school year. Unclaimed funds will then become the property of the School's Food Service Program.

Balances Owed will be pursued privately with families. Home contact will be made to households of students with negative balances to address the unpaid meal charges. A variety of strategies for collecting debts will be used, including sending requests to parents for repayment via phone, email and letters. The food service department will work with school officials to enforce repayment.

If a student is without meal money on a consistent basis, the administration will investigate the situation more closely and take further action as needed. If financial hardship is suspected, parents and families will be highly encouraged & assisted to apply for free or reduced priced meals for their child.

Families may apply (or reapply) for free or reduced price meals at any time during the school year.