

The image shows two lunchboxes on a light-colored wooden surface. The lunchbox on the left is blue and contains a sandwich, a cucumber, a bunch of green grapes, and several cherry tomatoes. The lunchbox on the right is pink and contains a sandwich, a cucumber, several cherry tomatoes, and a cluster of blueberries. A white double-line border frames the central text.

# NATIONAL SCHOOL LUNCH PROGRAM

LUNCH & BREAKFAST PROGRAM INFO



We participate in the National School Lunch and Breakfast Program.

These programs are federally assisted meal programs operating in public and non-profit private schools.

The program was established under the Richard B. Russell National School Lunch Act, signed into law by President Harry Truman in 1946.

In the 2021/22 SY NSPL fed  
29.9 Million Students



## Statement from USDA and NJ Dept of Agriculture:

- Dietary requests, outside of the meal pattern, to accommodate a student with a disability would require medical documentation from a licensed healthcare professional to be reimbursed for the meal.
- The medical statement should include a description of the child's physical and mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet.
- It should include an explanation of what must be done to accommodate the disability.
- In the case of food allergies, this means identifying the food or foods to be omitted and recommending alternatives.

## LUNCH MEAL PATTERN (FIVE-DAY WEEK)

Form #198  
Revised 7/2022

Required Meal Components	Grades Pre-K Ages 3-5	Grades K-5		Grades 6-8		Grades K-8		Grades 9-12	
		Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly
Fruits (Cups)	1/4	1/2	2 ½	1/2	2 ½	1/2	2 ½	1	5
Vegetables (Cups)	1/4	3/4	3 ¾	3/4	3 ¾	3/4	3 ¾	1	5
Dark Green	-		½		½		½		½
Red/Orange	-		¾		¾		¾		1 ¼
Beans/Peas (Legumes)	-		½		½		½		½
Starchy	-		½		½		½		½
Other	-		½		½		½		¾
Additional to reach total	-		1		1		1		1 ½
Grains (oz. equivalents)	1/2	1	8-9**	1	8-10**	1	8-9**	2	10-12**
Meat/Meat Alternates (oz. equivalents)	1 ½	1	8-10**	1	9-10**	1	9-10**	2	10-12**
Fluid Milk (Cups)	3/4	1	5	1	5	1	5	1	5

# BREAKFAST MEAL PATTERN

## (FIVE-DAY WEEK)

<u>Grades Pre-K</u> Ages 3-5	<u>Grades K-5</u>		<u>Grades 6-8</u>		<u>Grades K-8</u>	
	Daily	Weekly	Daily	Weekly	Daily	Weekly
<b>1/2*</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>
<b>1/2</b>	<b>1</b>	<b>7-10**</b>	<b>1</b>	<b>8-10**</b>	<b>1</b>	<b>8-10**</b>
<b>3/4</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>

**Application #:**  
**2023-2024 Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:**  
**RETURN TO (School/District Name):**  
**ADDRESS:**

**STEP 1** List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

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.

Child's First Name	MI	Child's Last Name [press space bar to advance]	School Name (Abbr.)	Grade	Foster Child	Migrant Worker	Runaway	Homeless
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

**STEP 2** Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

NO → Go to STEP 3.  YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):   
Write only one case number in this space.

**STEP 3** List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

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 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.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?				
		Weekly	Every 2 Weeks	2xMonth	Monthly	Annual		Weekly	Every 2 Weeks	2xMonth	Monthly		Weekly	Every 2 Weeks	2xMonth	Monthly	
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)  **Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)**

Check if no Social Security Number

Please see application's back for list of income sources.

**B. Child Income**

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income \$   Weekly  Every 2 Weeks  2xMonth  Monthly  Annual

**STEP 4** Contact information and adult signature. **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Insert school address here

"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."

Print Name of Adult Signing the Form Signature of Adult Today's Date

Mailing Address (if available) City State Zip Phone (optional) Email (optional)

**Return completed form to your child's school.**