



## FOOD SERVICES DEPARTMENT

2150 East Fifteenth Street  
Tucson, Arizona 85719-6316

Office: (520) 225-4700  
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### New Kindergarten Students Free and Reduced-Price Meal Benefit Eligibility Information

TUSD Food Services Department welcomes you and your new kindergarten student to the 2009-2010 School Year. By completing the information below, you will help us to determine if your new kindergarten student is eligible for free or reduced-price breakfast and/or lunch meals. Completing the information below and returning it to the Food Services Manager at your school or the Food Services Department Federal Meals Program Office before June 2009 will help us have a meal benefit status determined for your child entering Kindergarten for the first day of school.

For a student to be eligible for free or reduced-price meal benefits, the household must submit an application. Eligibility is determined by household income or an eligibility category such as assigned Food Stamps case number. Income eligibility amounts are set annually at the federal government level. Applications for the school year are mailed in early August to each household. If students in your household had a free or reduced-price meal benefit based on household income in School Year 2008-2009, in almost all situations, that meal benefit can be applied to your child that is entering Kindergarten in School Year 2009-2010 for up to the first 30 days of the new school year or until the 2009-2010 school year eligibility is determined whichever occurs first.

Please contact us if you have any questions.

*Please fill out the form below and return it to the Food Services Manager at your school or to the Food Services Department Federal Meals Program Office, 2150 E 15<sup>th</sup> Street, Tucson, AZ 85719.*



Kindergarten Student: \_\_\_\_\_ School: \_\_\_\_\_

Food Stamps Case Number if applies \_\_\_\_\_

Kindergarten Student: \_\_\_\_\_ School: \_\_\_\_\_

Stamps Case Number if applies \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list the names of students in your household that currently have approved free or reduced-price meal benefit status.

_____	_____
_____	_____
_____	_____

Information provided on this form is handled confidentially and will be available only to the responsible Food Services personnel. Return this form to the Food Services Manager at your school or to TUSD Food Services Department, Federal Meals Program Office, 2150 E 15<sup>th</sup> Street, Tucson, AZ 85719.