Thomas County Schools
"Dedicated to Serving Youth"

P.O. Box 440 Thomasville, Georgia 31792

DR. CAROL PURVIS
Superintendent

912-226-7102

HAROLD PULLEN
Assistant Superintendent

August 28, 1979

Dear Parent or Guardian:

The Thomas County Schools serve nutritious meals every school day. Students may buy lunch for 40 cents and extra milk for 5 cents. Children from families whose incomes are at or below the levels shown on the attached scale are eligible for free lunch or lunch at a reduced price of 10 cents. If your income is greater than that shown but you have unusally high medical bills, housing costs in excess of 30 percent of your income, special education expenses due to the mental or physical condition of a child, or disaster or casualty losses, your children may still be eligible.

To apply at any time during the school year for free or reduced-priced meals for your children, complete the attached application and return it to the school. Within seven (7) days of receiving your application, the school will let you know whether your children are eligible. If you do not agree with the decision, you may wish to discuss it with the principal of the school. If you wish to review the decision further, you have a right to appeal to the Superintendent. This can be done by contacting the Superintendent at P. O. Box 2300, Thomasville, Georgia, 31792, or phoning 226-7102.

The information you give on the application is confidential and will be used only for the purpose of determining eligibility for free meals or reduced-price meals.

In certain cases, foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals for them, please indicate it on the application.

All children are treated the same regardless of ability to pay. In the operation of child nutrition programs, no child will be discriminated against because of race, color or national origin.

If, during the school year, changes in your family size or income place you in another category of eligibility, you should report the change(s) to the school principal in order that appropriate eligibility adjustments may be made.

If we can be of further assistance during the school year, please contact us.

Sincerely,

Carol Purvis

Superintendent
Thomas County Schools

1979-1980
Attachment 5 (a)

ELIGIBILITY SCALE

BY

YEAR, MONTH, AND WEEK

Column 1	Column 2			Column 3		
Family Size	Free Meal Eligibility			Reduced Price Eligibility		
	Yearly	Monthly	Weekly	Yearly	Monthly	Weekly
1	4,590	383	88	7,160	597	138
2	6,040	503	116	9,420	785	181
3	7,490	624	144	11,680	973	225
4	8,940	745	172	13,940	1,162	268
5	10,390	866	200	16,200	1,350	312
6	11,840	987	228	18,470	1,539	355
7	13,290	1,108	256	20,730	1,728	399
8	14,740	1,228	283	22,990	1,916	442
Each additional family member	1,450	121	28	2,260	188	43

1979-1980 Attachment 5

ELIGIBILITY SCALE

FREE AND REDUCED PRICE MEAL POLICY

These are the income scales used by Thomas County Board of Education (School Food Authority)

to determine eligibility for free and reduced price meals and free milk.

COLUMN 1 Family Size	COLUMN 2 Free Meal Eligibility Yearly Income	COLUMN 3 Reduced Price Eligibility Yearly Income
1	0 - 4,590	4,591 - 7,160
2	0 - 6,040	6,041 - 9,420
3	0 - 7,490	7,491 - 11,680
4	0 - 8,940	8,941 - 13,940
5	0 - 10,390	10,391 - 16,200
6	0 - 11,840	11,841 - 18,470
7	0 - 13,290	13,291 - 20,730
8	0 - 14,740	14,741 - 22,990
Each additional family member	1,450	2,260

INSTRUCTIONS:

1. Locate family size in the left column (Column 1). Draw a line straight across to the right.
2. If income falls in Column 2, the child is eligible for free meals.
3. If income falls in Column 3, the child is eligible for reduced price meals.
4. If income exceeds Eligibility Scale, the child is eligible for paid meals.

ATTACHMENT 4

1979 - 1980

Approved Free ( )
Approved Reduced ( )
Denied ( )
Reason for Denial: _____
Date: _____
Approving Official: _____

MEAL APPLICATION

Parents: To apply for free or reduced price meals and milk for your children, fill out this form and return it to the school office.
I wish to apply for free meals and milk or reduced price meals. Yes _____ No _____

NAME	SCHOOL	GRADE

Name of parent or guardian: _____

Address: _____

Total number in family [ ]

Total family income before deductions: Include wages of all working members, welfare payments, pensions, social security, child support or alimony, and all other income. FILL IN ONE:

Yearly $_____ Monthly $_____ Every 2 weeks $_____ Weekly $_____

Other $_____ Specify: _____

If your gross income exceeds the amount indicated in the attached family income scale and you wish to apply under any of the special hardhip conditions cited in the attached letter, please complete the application form and also describe the nature of your hardship here:

Hardship:	Estimate Annual Dollar Value:
High Medical Bills	$
Special Educational Expense for Children	$
Disaster or Casualty Losses	$
Shelter Cost	$

In certain cases foster children are eligible for free or reduced price meals and free milk regardless of your family income. If you have foster children living with you and wish to apply for such meals and milk for them, please check here: _____
The school may wish to contact you for more information about your foster child to determine eligibility.

I hereby certify that to the best of my knowledge and belief, all of the above information is true and correct. I also understand that under Georgia law it is considered a misdemeanor for any person to knowingly provide false information in order to obtain free or reduced price meals for any school child or to fail to correct a false impression of an existing set of circumstances which would entitle such child to free or reduced price meals.

I understand that this information is being given in connection with the receipt of federal funds; that school officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Date: _____ _____
Signature of Adult Family Member

FOR SCHOOL USE ONLY, TO BE RETURNED TO PARENT

Student Name(s) _____

Your application for free and reduced price meals and milk for your children has been:

_____ Approved for free meals and/or free milk

_____ Approved for reduced price meals at 10 cents for lunch, and _____ cents for breakfast

_____ Denied for the following reason(s): _____

Approving Official: _____ School Food Authority: _____

If you do not agree with this decision, you may discuss it with the school. You may appeal the decision by calling or writi

_____ at _____
(Name and Title of Hearing Official) (Address and Telephone Number)