

# River Edge Elementary Schools

410 Bogert Road, River Edge, New Jersey 07661  
201-261-3408 201-261-3404  
Fax 201-261-0698  
[www.riveredgeschools.org](http://www.riveredgeschools.org)

"Building Bright Futures Together"

Dr. Tova Ben-Dov  
Superintendent of Schools

Louise Napolitano  
Board Secretary/Business Administrator

September, 2019

Dear Parents/Guardians:

The River Edge School District offers a milk program for all children Grade K-6 for lunchtime use. This milk program begins on September 23, 2019. The milk provided is a half pint of 1% milk.

This program is a parent paid program with an annual cost of \$54.12 for grades K-6 which is approximately \$.33 per day. **Please note this will be your only opportunity to order milk for the 2019-2020 School Year. The deadline for purchasing milk is Friday, September 13<sup>th</sup>.** Payschools will be closed and checks will not be accepted after this date. We are pleased to offer you the following options for remitting these payments. Please note the preferred method of payment is through PaySchools:

- 1) Payment may be made by Credit Card or Electronic check through the PaySchools system. This system is accessed by going to our website, [www.riveredgeschools.org](http://www.riveredgeschools.org) and following the link for "PaySchools" on the main page of each school. If you choose to use PaySchools there is no need to send the bottom portion of this letter back to school.
- 2) Payments may still be made by submitting a check to **River Edge Board of Education** in an envelope marked with your child's name, grade, and teacher. Please be sure to include the bottom portion of this letter. **Please note we are unable to accept CASH as payment.**

Any requests for cancellation of the milk program must be submitted by September 27<sup>th</sup>. Refunds cannot be processed beyond that date.

Thank you.



Louise Napolitano  
Business Administrator

PLEASE DETACH AND RETURN TO YOUR CHILD'S TEACHER BY SEPTEMBER 13, 2019.

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\_\_\_\_\_ I wish my child to have 1% milk at lunch time

Enclosed is my payment of \$ \_\_\_\_\_ Grades K-6 (September 23-June 24= 164 days)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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Dear Parent or Guardian:

Under the New Jersey State Law, all children enrolled in a public school must be offered the opportunity to **PARTICIPATE IN ANY OF THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS.**

If you are interested in being considered for free/reduced price milk as per the guidelines please fill out an application and return it to the school. Only one application is needed per household. Applications are located on our website along with hard copies in each of the school's main offices.

**Your children may qualify for free or reduced price milk if your household income falls within the limits on this chart:**

Federal Eligibility Income Chart FREE MILK For School Year 2019-2020					
Household Income	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,237	1,354	677	625	313
2	21,983	1,832	916	846	423
3	27,729	2,311	1,156	1,067	534
4	33,475	2,790	1,395	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
For each additional person add:	+5,746	+479	+240	+221	+111

Federal Eligibility Income Chart REDUCED PRICE MILK For School Year 2019-2020					
Household Income	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional person add:	+8,177	+682	+341	+315	+158

Contact your child's school if you have any questions. Thank you for your cooperation.

Sincerely



Louise Napolitano  
 Board Secretary/Business Administrator



Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned income
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic Identities

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.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a **program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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

fax: (202) 690-7442, or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

**Do not fill out** 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

How often?  
 Weekly  Bi-Weekly  2x-Monthly  Monthly

Household Size

Categorical Eligibility

Eligibility:  
 Free  Reduced  Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



**설명** **수입원**

아동 수입원	
아동 수입원	예
- 일을 통한 수입	- 아동이 급여 또는 임금을 받는 정규 또는 시간제 직업이 있습니다.
- 사회보장 - 장애인 급여 - 유족급여	- 아동이 랜인 또는 장애인이며 사회보장 혜택을 받고 있습니다. - 부모가 장애인, 퇴직자, 또는 사망하였으며 그들의 자녀는 사회보장 혜택을 받고 있습니다.
- 귀하의 가구 구성원이 아닌 외부인에 의한 수입	- 친구 또는 확대 가족 구성원이 정기적으로 아동이 소비하는 돈을 제공합니다.
- 그 외 기타 수입원으로부터의 수입	- 아동이 개인연금펀드, 연금보형 또는 신탁으로부터 정기적인 수입이 있습니다.

**선택사항** **아동의 인종 및 민족 정체성**

귀하의 아동의 인종 및 민족에 대한 정보를 알아야 합니다. 이 정보는 중요하며 우리의 사회를 위해 온전히 봉사하는데 필요한 정보입니다. 이 항목에 응답하는 것은 선택사항이며 아동의 무료 또는 할인 가격 급식을 제공받을 자격에 영향을 미치지 않습니다.

**민족 (하나만 체크):**  히스패닉 또는 라티노  히스패닉 또는 라티노 아님  
**인종 (하나 이상 체크):**  아메리칸 인디언 또는 알래스카 원주민  아시아인  흑인 또는 아프리카계 미국인  하와이 또는 기타 태평양 섬사람  백인

**리처드 B. 러셀 전국 학교급식법(Richard B. Russell National School Lunch Act)**은 이 신청서의 정보를 요구합니다. 이 정보를 제공하지 않아도 되지만, 이 정보를 제공하지 않을 경우, 귀 자녀의 무료 또는 할인 가격 급식을 승인할 수 없습니다. 귀하는 이 신청서에 서명한 성인 가구 구성원의 사회보장번호의 끝자리 네 자릿수를 포함시켜야 합니다. 사회보장번호의 끝자리 네 자릿수는 위탁 아동들 대신하여 신청할 경우에는 필요하지 않습니다. 또는 귀하가 아동을 위해 SNAP보충영양지원 프로그램, TANF빈곤 가구 한시 지원 프로그램 또는 FDIPI(인디언 보호구역 식품 배급 프로그램) 사례 번호 또는 다른 FDIPI(식별번호)를 기재하거나 귀하가 신청서에 서명한 성인 가구 구성원이 사회보장번호를 가지고 있지 않다고 표시한 경우에도 사회보장번호의 끝자리 네 자릿수는 필요하지 않습니다. 귀하의 정보는 귀하의 자녀가 무료 또는 할인 가격 급식 제공 및 점심 및 아침 프로그램의 관리 및 집행 대상이 되는지 평가하는데 사용될 것입니다. 귀하의 대상 자격 평가를 위한 정보는 교육, 건강 및 영양 프로그램에 대해 평가하고 기금을 제공하거나 혜택을 결정하기 위해 교육, 건강 및 영양 프로그램 측과 공유할 수 있으며, 프로그램 규정 위반사항을 조사할 수 있도록 프로그램 감독을 위한 감사 및 법 집행 공무원과 공유할 수 있습니다.

연방민권법 및 미국 농무부(USDA) 민권 규정 및 정책에 따라, USDA, 그 기관, 사무처 및 직원 USDA 프로그램에 참여하거나 관리하는 기관은 인종, 피부색, 국적, 성별, 장애, 연령으로 인해, 또는 이전 민권 활동에 대한 복무이나 양감으로 USDA가 시행하거나 기금을 제공하는 프로그램 또는 활동에서 차별 행위를 하는 것이 금지됩니다.

**기재하지 마십시오.**

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

Total Income

How often?  Weekly  Bi-Weekly  2x Month  Monthly  Household size

**Categorical Eligibility**

Eligibility:  Free  Reduced  Denied

Determining Official's Signature  Date  Confirming Official's Signature  Date

Verifying Official's Signature  Date

성인 수입원	
일을 통한 수입	연금/퇴직금/모든 기타 수입
- 급여, 임금, 현금보너스 - 자영업(농장 또는 개인사업)을 통한 순수입 - 귀하가 미국 군인일 경우: - 기본 급여 또는 현금보너스(전역 수당, FSSA 또는 개인 주택 수당은 포함 안 됨) - 영외 주택, 식품 및 의료 수당	- 사회보장(철도 퇴직 및 진폐증 보상 포함) - 개인 연금 또는 장애인 수당 - 정기적인 신탁 또는 부흥산을 통한 수입 - 연금보형 - 투자 수입 - 임대 수입 - 가구 구성원이 아닌 외부인을 통한 정기적인 현금 지급
- 공적 부조 / 이혼수당 / 자녀 양육비 - 실업급여 - 산재보상금 - 생활보조금(SSI) - 주 또는 지방 정부로부터 현금 지원 - 별거수당 - 자녀 양육비 - 유족급여 - 파업수당	

프로그램 정보에 대해 전달하는 다른 수단(예, 전자, 큰 활자, 오디오 테이프, 미국 수화)이 필요한 장애인에게 혜택을 신청하는 기관(주 또는 지방)에 연락해야 합니다. 정각 장애인, 정력이 약한 사람 또는 언어장애가 있는 사람은 연방중계서비스 전화번호 (800) 877-8339를 통해 USDA로 문의하실 수 있습니다. 프로그램 정보는 또한 영어 외에 다른 언어로도 이용하실 수 있습니다.

차별로 인한 프로그램 불만을 신고하려면, [http://www.usda.gov/complaint\\_filing\\_cust.html](http://www.usda.gov/complaint_filing_cust.html) 또는 USDA 사무처에서 제공하는 USDA 프로그램 불만 신고서(USDA Program Discrimination Complaint Form) (AD-3027)를 작성하거나, USDA로 서신을 보내실 수 있습니다. 서신을 통해 신고하실 때는 신고서에서 요구하는 모든 정보를 제공해 주셔야 합니다. 불만 신고서 사본은 (866) 632-9992로 전화를 통해 요청해 주십시오. USDA로 작성하신 신고서나 서신을 제출하는 방법:

우편: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
 팩스: (202) 690-7442;  
 이메일: [program.intake@usda.gov](mailto:program.intake@usda.gov).

이 기관은 동일한 기회를 제공합니다.



## INSTRUCCIONES Fuentes de ingresos

Fuente de ingresos de niños	
Fuentes de ingreso del niño	Ejemplo(s)
- Ingresos profesionales	- Un niño tiene un trabajo fijo a tiempo completo o parcial en el que gana un sueldo o salario
- Seguridad Social - Pagos por discapacidad - Beneficios al sobreviviente	- Un niño es ciego o discapacitado y recibe prestaciones de la Seguridad Social - Uno de los padres es discapacitado, está jubilado o ha fallecido, y su niño recibe prestaciones de la Seguridad Social
- Ingresos de una persona ajena a la vivienda	- Un amigo u otro familiar da regularmente dinero al niño
- Ingresos de cualquier otra fuente	- Un niño recibe ingresos regulares de un fondo de pensiones privado, anualidad o fideicomiso

Fuente de ingresos de adultos		
Ingresos profesionales	Ayuda pública / pensión alimenticia / manutención infantil	Pensión / jubilación / otros
- Sueldo, salario, bonos en efectivo - Ingresos netos como autónomo (granja o negocio propio)  Si está en el Ejército de Estados Unidos:  - Sueldo básico y bonos en efectivo (NO incluya el pago de combate, FSSA o subsidios de vivienda privatizados) - Subsidios por vivienda fuera de la base, alimentación y ropa	- Prestación por desempleo - Indemnización laboral - Ingresos de seguridad suplementarios (SSI - Supplemental Security Income) - Ayuda económica del estado o gobierno local - Pagos de pensión alimenticia - Pagos de manutención infantil - Prestaciones para los veteranos - Prestación por huelga	- Seguridad Social (incluidas las prestaciones de jubilación de empleados ferroviarios y por neuromoiosis) - Pensiones privadas o prestación por discapacidad - Ingresos regulares de fideicomisos o bienes inmuebles - Anualidades - Ingresos de inversión - Intereses ganados - Ingresos de alquiler - Pagos regulares en efectivo ajenos a la vivienda

## OPCIONAL Identidad étnica y racial de los niños

Estamos obligados a solicitar información sobre la raza de sus niños y su origen étnico. Esta información es importante y ayuda a garantizar que servimos completamente a nuestra comunidad. Responder a esta sección es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

**Grupo étnico (marque uno):**  Hispano o latino  No hispano o latino

**Raza (marque una o más):**  Indio americano o nativo de Alaska  Asiático  Negro o afroamericano  Nativo de Hawái u otra isla del Pacífico  Blanco

**La ley Nacional de Comidas Escolares Richard B. Russell** requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que firma la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Supplemental Nutrition Assistance Program (SNAP - Programa de asistencia de nutrición complementaria), Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) Program or Food Distribution Program on Indian Reservations (FDPPIR - Programa de distribución de alimentos en reservas indias) u otro identificador FDPPIR de su niño, o cuando indica que el miembro adulto de la vivienda que firma la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, financiar o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa.

De acuerdo con la ley federal de derechos civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de EE. UU. (USDA - U.S. Department of Agriculture), el USDA, sus organismos, oficinas y empleados, y las instituciones que participan o administran los programas del USDA tienen prohibido discriminar por motivos de raza, color, origen étnico, sexo, discapacidad, edad o tomar represalias o venganzas por actividades anteriores a los derechos civiles en cualquier programa o actividad (levada a cabo o financiado por el USDA).

## No rellenar Para uso exclusivo del colegio

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

Total Income  How often?  Weekly  Bi-Weekly  2x Month  Monthly  Household size

Categorical Eligibility

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Las personas con discapacidad que requieran medios alternativos de comunicación para informarse del programa (por ejemplo, braille, letra grande, cinta de audio, lengua americana de signos, etc.) deben ponerse en contacto con el organismo (estatal o local) donde solicitaron sus prestaciones. Las personas sordas o con problemas de audición o deficiencias en el habla pueden ponerse en contacto con el USDA a través del Federal Relay Service (servicio federal de transmisiones) en el (800) 877-8339. Además, puede encontrar información del programa en otros idiomas además del inglés. Para presentar una queja por discriminación contra el programa, rellene el formulario de quejas por discriminación contra el programa de USDA. (USDA Program Discrimination Complaint Form - AD-3027) disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), y en cualquier oficina del USDA, o escriba una carta dirigida al USDA con toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario relleno a USDA por:

correo: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; o

correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución aplica el principio de igualdad de oportunidades.

**-Solo use esta dirección si está presentando una queja por discriminación**