



marion p. thomas  
CHARTER SCHOOL

[www.mptcs.org](http://www.mptcs.org)

*"It takes a whole village  
to raise a child"*

### Elementary School

Kindergarten – 5<sup>th</sup> Grade  
370 S. 7th St.  
Newark, NJ 07103  
PH: 973.621.0060, ext. 1  
FAX: 973. 621.0061

### SELECT Elementary Academy

Kindergarten, 2<sup>nd</sup> - 6<sup>th</sup> Grade  
88-108 Shipman St.  
Newark, NJ 07102  
PH: 973.621.0060, ext. 2  
FAX: 973.643.4982

### Middle School

6<sup>th</sup> - 8<sup>th</sup> Grade  
570 Broad St.  
Newark, NJ 07102  
PH: 973.621.0060, ext. 3  
FAX: 973.792.0066

### High School of Culinary & Performing Arts

9<sup>th</sup> – 12<sup>th</sup> Grade  
125 Sussex Ave.  
Newark, NJ 07103  
PH: 973.621.0060, ext. 4  
FAX: 973.624.4018

### Central Office Mailing Address

88-108 Shipman St.  
Newark, NJ 07102  
PH: 973.621.0060, ext. 4008  
FAX: 862.240.1212

## HOW TO MAKE A PAYMENT TO MPTCS

Marion P Thomas Charter School has many simple payment options for you to choose from. No matter which payment option you choose, **please remember that the current negative balance must be paid as soon as possible.**

- **Pay Online:** Make an online payment to your child's account using your credit or debit card or check at [www.payforit.net](http://www.payforit.net). To pay on line you will need to create an account under your name then add your child/children names with their ID number to the account.
- **Pay in the Mail:** Send checks or money orders to Marion P Thomas Charter School, Accounts Payable 125 Sussex Ave. Newark, NJ 07103. Please include your child's name and student ID number.
- **Pay in Person:** Stop by your child's campus, payments can be made to the cafeteria staff or the Office Manager. Checks/Money Orders should be made payable to Marion P Thomas Charter School.

After paying back your debt, we encourage you to create a "safety net" for you child. Pre-paying for your child's meal is a simpler way of managing their account, and prevents unpaid meal charges. Paying for meal before the meal service also helps lunch lines move more quickly, giving children more time to enjoy their meal.

If your family is experiencing a financial setback, please contact us so we can help. We are willing to work with you to develop a payment plan for your debt. We can also assist you in applying for free or reduced price meal benefits.

### HOW TO APPLY FOR FREE OR REDUCED PRICE MEALS:

If you think your child may be eligible for free or reduced price meals, please submit a school meal application. You may do this at any time during the school year. Applications are available at all Campuses, see Office Manager. Applications are also available any time at [www.mptcs.org](http://www.mptcs.org) parent portal.

You must submit an application each year to be considered for free or reduced meals. Even if your child received free or reduced meals last year, you must submit a new application this year.

It is important to us that all eligible children receive free or reduced price school meals. We are happy to help you complete the application. If you have any questions or need help, please contact Vernetta Rivera at 973-621-0060x1030.

Thank You

Dear Parent/Guardian:

Children need healthy meals to learn. The **Marion P. Thomas Charter School** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$2.80	\$2.80	\$2.80	\$0.40	\$0.40	\$0.40
School Breakfast	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
After School Snack	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
N/A - Not Applicable						

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. Who can get free OR REDUCED PRICE meals?
  - All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ** are eligible for free meals.
  - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
  - Children participating in their school’s Head Start program are eligible for free meals.
  - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
  - Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART For school Year 2017-2018			
Household Size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional person, add:	+7,733	+645	+149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? 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 your school, homeless liaison or migrant coordinator.
3. 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 one of your children's schools.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
6. 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.
7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
10. 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:

Hearing Officer Name: Femi Amarin, CPA Address: 125 suusex Ave. Newark, NJ 07103  
Phone Number: (973)621-1560 Ext:

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. 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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to <https://oneapp.dhs.state.nj.us/default.aspx>. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or [www.njfamilycare.org](http://www.njfamilycare.org) for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to [www.nj.gov/health/fhs/wic](http://www.nj.gov/health/fhs/wic).

If you have other questions or need help,  
call (973)621-0060 Ext:1030

**Sincerely,**

*Signature:* \_\_\_\_\_

*Name:* Vernetta Rivera

*Title:* Business Office Coordinator

**Application #:**  
**2018-2019 Application for Free and Reduced Price School Meals**

Available online at: **MPTCS.ORG**

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

**STEP 1 List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name [press spacebar to advance]	School Name (Abbr.)	Grade	Student attends this school district?		Foster Child	Homeless, Migrant, Runaway
					Yes	No		

Check all that apply

**STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? YES  NO**

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$   
 How often? Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

**STEP 4 Contact information and adult signature. Mail Completed Form To:**

"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 (check) 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."

Street Address (if available)  Apt #

City  State  Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date



**SHARING INFORMATION WITH MEDICAID or  
NJ FAMILYCARE**

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

**If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.