

San Pasqual Union School District

15305 Rockwood Road, Escondido CA 92027

Application for Free and Reduced Price Meals School Year 2017-2018

If your family is interested in applying for free or reduced meals, please follow the steps to complete and sign the enclosed application, and return it to your child's school. This application cannot be processed without the following information:

- The name of the child(ren) for whom you are applying for free or reduced price benefits. ***One application per family.***
- The names and income of all other adult household members.
- The signature of the child(ren)'s parent or guardian.
- The last 4 digits of the Social Security number of the person who signed the application. If the person signing the application does not have a Social Security number, check the box I do not have a SSN.

Solicitud para Comidas Escolares Gratis y a Precios Reducidos 2017-2018

Porfavor llene la solicitud **con pluma**, firme la solicitud, y devuélvala a su escuela. Para instrucciones adicionales, refiera a la "Carta a los Hogares" que se encuentra adjunto a esta forma. Esta aplicación no puede ser procesada sin la siguiente información:

- El nombre del niño o de los niños para quienes usted está solicitando beneficios
- Los nombres y ingresos del resto de los adultos de la casa
- Firma del padre o tutor del niño o de los niños
- Los últimos 4 dígitos del número de Seguro Social de la persona que firmó la solicitud. Si la persona que firma la solicitud no tiene un número de Seguro Social, escriba "ninguno" en el espacio proporcionado.

Una solicitud por familia

***A new application must be completed each school
year for benefits to continue***

Dear Parent/Guardian:

The **San Pasqual Union School District** takes part in the National School Lunch Program and/or School Breakfast Program by offering healthy meals every school day. Students may buy lunch for **\$2.75** and breakfast for **\$1.50**. Your children may qualify for free or reduced-price meals. Eligible students may receive meals at the reduced-price rate of **.40** for lunch and **.20** for breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.

This packet includes an Application for Free and Reduced-Price Meals and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from CalFresh, CalWORKs, FDPIR, or Kin-GAP are eligible for free meals.
- Foster children 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, migrant, or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the 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.

Income Eligibility Guidelines

July 1, 2017–June 30, 2018

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:					
	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, RUNAWAY, OR HEAD START? 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 have not been told your children will qualify for free meals, please contact Mark Burroughs, 760-745-4931. Mark.burroughs@sanpasqualunion.net
3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD? No. **Use one Application for Free and Reduced-Price Meals for all children 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: **Ginny Robinson. 760-745-4931 15305 Rockwood Road, Escondido, Ca 92027**
4. SHOULD I COMPLETE 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 received carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please contact **Ginny Robinson, 760 745-4931 15305 Rockwood Road Escondido, CA 92027** immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes**, if you want to participate in the meal program. 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.

6. I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILDREN RECEIVE FREE MEALS? Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please complete an application and return it for processing.
7. WILL THE INFORMATION I PROVIDE BE CHECKED? School officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for CalFresh, CalWORKS, FDPIR, or Kin-GAP.
8. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER? Yes, you can apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may be eligible for free and reduced-price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION? You should talk to the school officials. You may also ask for a hearing by calling or writing to: **Shannon Hargrave, 760 745-4931 15305 Rockwood Rad, Escondido, CA 92027.**
10. 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.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, state on the application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.
12. 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 income field. However, if any income fields are left empty or blank, those will be counted as zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. 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.
14. WHAT IF THERE IS NOT 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
15. MY FAMILY NEEDS ADDITIONAL FINANCIAL ASSISTANCE. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR? To find out how to apply for CalFresh or other assistance programs, contact your local assistance office or call **Dept. of Social Services, 1-877-847-3663.**

If you have other questions or need help, please call **760 745-4931 x 1107.**

Sincerely,

Ginny Robinson

HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions to help you fill out the Application for Free and Reduced-Price Meals. You only need to submit **one** application per household. The application must be filled out completely to certify your children for free or reduced-price meals.

Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Ginny Robinson 760-745-4931 x 1107..

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Children age 18 or under and are supported with the household's income
- Students attending **San Pasqual Union School**
- In your care under a foster arrangement, or qualify as homeless, migrant, runaway, or Head Start
- Children receiving Kin-GAP benefits

- List each child's name.** For each child, print their first name, middle initial and last name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all the required information for the additional children.
- Is the child a student at San Pasqual Union?** Check 'Yes' or 'No.'
- Do you have any foster children?** If any children listed are foster children, check the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are **only** applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4.
- Are any children homeless, migrant, runaway, or in Head Start?** If you believe any child listed in this section may meet this description, please check the "Homeless, Migrant, Runaway, Head Start" box next to the child's name and complete all steps of the application.
- Are any children receiving Kin-GAP benefits?** If you believe any child listed in this section may meet this description, please enter the "Kin-GAP Case Number" in the box next to the child's name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOURSELF) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- CalFresh
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- The Food Distribution Program on Indian Reservations (FDPIR)

A. IF YES:

- Check the applicable program box
- Enter your/your family member's case number. You must provide an acceptable case number on your application. If you participate in one of these programs and do not know your case number, contact your local agency.
- Skip to STEP 4

B. IF NO:

- Leave STEP 2 blank
- Skip to STEP 3 on the application and follow the instructions from STEP 3

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- A. **Report all income earned by children.** Refer to the chart below titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in STEP 1 in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Sources of Child Income	Example(s)
Earnings from work	A child has a job where they earn a salary or wages.
Social Security Disability payments Survivor's benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from persons outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.

Do **not** include people who:

- Live with you, but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in STEP 1

FOR EACH TYPE OF INCOME:

How do I fill in the income amount and source?

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any income fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials possess or have access to information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B. **List adult household member's name.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C. **Report earnings from work.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D. **Report income from public assistance/child support/alimony.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal, but regular payments should be reported as "other" income in the next part.

- E. **Report income from pensions/retirement/all other income.** Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.
- F. **Report total household size.** Enter the total number of household members in the field "Total Household Members." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.
- G. **Provide the last four digits of your Social Security number.** The household's primary wage earner or another adult household member must enter the last four digits of their Social Security number (SSN) in the space provided. You are eligible to apply for benefits even if you do not have a SSN. If no adult household members has a SSN, leave this space blank and check the box to the right labeled "Check if no SSN."

Sources of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income Cash assistance from state or local government Alimony payments Child support payments Veterans benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please make sure you have read the privacy and civil rights statements.**

- A. **Provide your contact information.** Write your current address in the fields provided if this information is available. If you do not have a permanent address, this does not make your children ineligible for free or reduced-price meals. Sharing a phone number, e-mail address, or both is optional, but helps us reach you quickly if we need to contact you.
- B. **Sign and print your name.** Print your name in the box "Printed Name of Adult Completing the Form" and sign your name in the box "Signature of Adult Completing the Form."
- C. **Write today's date.** In the space provided, write today's date in the box.
- D. **Share children's racial and ethnic identities (optional).** This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

San Pasqual Union School 2017-18 Application for Free and Reduced-Price Meals Complete one application per household. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 List All Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Student? Yes No	Homeless, Migrant, Runaway, Foster Child, Head Start	Kin-GAP Case Number

Check all that apply

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3) CalFresh CalWORKs FPIR FDIR FPIR

If NO > Complete STEP 3

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

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

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 income for each source in whole dollars 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		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ All Other Income		Total Child Income
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$

Total Household Members (From STEP 1 and STEP 3) X X X X

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household X X X X

Check box if no SSN →

STEP 4 Contact Information and Adult Signature

Certification: "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/or E-mail (optional) _____ Printed Name of Adult Completing this Form _____ Today's Date _____

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):** Asian American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander White

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.

Approved as: Free Homeless Head Start Incomplete

Reduced-Price Migrant Kin-GAP Error Prone

Denied Runaway

Reason: _____

Total Household Members (From STEP 1 and STEP 3) _____

Annual Income Conversion
Weekly x52 | Bi-Weekly x26 | Twice Per Month x24 | Monthly x12

Determining Official _____ Date _____ Verifying Official _____ Date _____

SAN PASQUAL UNION SCHOOL

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, 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 are not required when you apply on behalf of a foster child; list a CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance Payment (Kin-GAP) case number for your child; or indicate that the adult household member signing the application does not have a Social Security number. We will use your household size and income information to determine if your child is eligible for free or reduced-price meals, and for the administration of the lunch and breakfast programs.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact the USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

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