

WHEATLAND UNION HIGH SCHOOL DISTRICT
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
2017-18 SCHOOL YEAR

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH / BREAKFAST PROGRAM

Dear Parent or Guardian:

The Wheatland Union High School District/Agency takes part in the National School Lunch and/or School Breakfast Program.

Meals are served every school day. Students may buy breakfast for \$1.75, lunch for \$2.75 and snack for \$.50. Eligible students may receive meals free or at a reduced price of \$.30 for breakfast, \$.40 for lunch and snack for \$.15. Students may also buy milk for \$.40.

- This district participates in *Direct Certification*: Your child is automatically certified to receive free meals, if your household currently receives Food Stamp (FS), or if your child receives California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. (See "HOW TO APPLY – FOOD STAMP BENEFITS" below.)
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income." (See "HOW TO APPLY – FOSTER CARE" below.)
- If you do not receive benefits automatically qualifying your child for free meals, you may apply for free/reduced-price meals for your child(ren). If your total *household* income is the same or less than the amounts on the income scale, your child may receive meals free or at a reduced price. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing *living expenses*. "Living expenses" include rent, clothes, food, doctor bills, and utility bills. (See "HOW TO APPLY – INCOME HOUSEHOLDS" below.)

HOW TO APPLY

FOOD STAMP, CalWORKs, KIN-GAP, and FDPIR BENEFITS — If your household receives Food Stamps (FS), or if your child receives CalWORKs, Kin-GAP, or FDPIR benefits, you **DO NOT COMPLETE A MEAL APPLICATION**. School officials will notify you of your child(ren)'s eligibility for free meals. If you are **not** notified but think your child(ren) is/are eligible for free meals, please contact the school. You may need to complete an application.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child who is the legal responsibility of the welfare agency or is a ward of the court. Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — To apply for free or reduced-price meals for your child(ren), complete the attached *Application for Free and Reduced-Price Meals or Free Milk*, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information. If you **do not** enter a FS, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter the following:

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number.

COMPLETE APPLICATION — An application must be completed, with all household members and income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court. An adult household member must sign the application. A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

<p>In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.</p>

CURRENT INCOME — The amount of income each household member received **last month**, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: **Weekly x 4.33; every two weeks x 2.15; twice a month x 2.**

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) — Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the Food Stamp Program **or** the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Food Stamp households.

SOCIAL SECURITY NUMBER — The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is **not** required.

APPLYING FOR BENEFITS — You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

VERIFICATION — 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 Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

MEALS FOR DISABLED — If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal.

WIC PARTICIPANTS — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child **may** be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION — Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

FAIR HEARING — If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

NAME: Vic Ramos, Ed.D.

ADDRESS: 1010 Wheatland Road
Wheatland, CA 95692

TELEPHONE: (530) 633-3100

CONFIDENTIALITY — Family size, household income, and social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact:

NAME: Linda Heredia

ADDRESS: 1010 Wheatland Road
Wheatland, CA 95692

TELEPHONE: (530) 633-3100 ext 174

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

Sincerely,

Linda Heredia

Wheatland Union High School District

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD) PLEASE USE PEN (NOT A PENCIL)
ESTA APLICACION ESTA DISPONIBLE EN ESPANOL.

Names of household members (First, Middle Initial, Last)	School Name for Each Child	Write CASE NUMBER if any member of the household receives Food Stamps, CalWorks, or FDPIR (Application will not be process without number). skip to Part 5	Check if NO income	STUDENT ID #
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

TOTAL members in household : _____ *FOR ADDITIONAL MEMBERS USE BACK OF THIS PAGE*

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX
 HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Check if no income. Skip to Part 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often

NAME (List ALL household members with income)	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ 699.00 / every 2 weeks	\$ 249.00 / monthly	\$ 75.00 / monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN) If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Last 4 digits of SS#: [] - [] - _____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Wheatland Union High School District

LIST ADDITIONAL MEMBERS				
Names of household members (First, Middle Initial, Last)	School Name for Each Child	Write CASE NUMBER if any member of the household receives Food Stamps, CalWorks, or FDPIR (<i>Application will not be process without number</i>). skip to Part 5	Check if NO income	STUDENT ID #
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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

Household size: _____ Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Eligibility: Categorical Free Foster child Free Free Reduced Denied-- Reason: _____

Eligibility Date: _____ - _____ Temporary: Free Reduced Expiration Period: _____ (expires after _____ days)

Official's Signature: _____ Date: _____ Data input date: _____ AERIES Date: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL REDUCED-PRICE ELIGIBILITY INCOME CHART			
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
Each additional person:	\$ 7,733	\$ 645	\$ 149

Privacy Act Statement: This explains how we will use the information you give us.

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 social security number of the adult household member who signs the application. 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.