

CHAWANAKEE UNIFIED SCHOOL DISTRICT SCHOOL YEAR 2017 -2018 APPLICATION FOR FREE OR REDUCED-PRICE MEALS Complete ONE application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. This institution is an equal opportunity provider. California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, separate serving lines, separate dining areas, or by any other means."

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter SCHOOL NAME and GRADE	Enter STUDENT'S DOB	Check the applicable box if the student is Foster, Homeless, Migrant, or Runaway.	
			Foster Child	Homeless
			Migrant	Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs? If NO, skip STEP 2 and complete STEP 3.

If YES, do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.

Select Program Type: CalFresh CalWORKs FDIPIR

ENTER CASE NUMBER: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions.
Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Total Household Members (Children and Adults)	Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Student Income	How Often	How Often	Check the box if NO SSN	
								<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1 even if they do not receive income. For each household member, report the TOTAL income from 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. Report all income earned before taxes and deductions.
Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Enter the name of ALL OTHER Household Members (First and Last)

Total Household Members (Children and Adults)	Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Student Income	How Often	How Often	Check the box if NO SSN	
								<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				
		\$	\$	\$	\$				

STEP 4 – CONTACT INFORMATION & 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."

Signature of adult completing this form: _____

Print Name:	Phone Number:
Today's Date:	Address:
City:	State:
E-mail:	Zip:

DO NOT COMPLETE. SCHOOL USE ONLY

Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12
How Often? Weekly Bi-Weekly Twice a Month Monthly Yearly

Total Household Size Eligibility Status: Free Reduced-price Paid (Denied)
Verified as: Homeless Migrant Runaway

Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Verifying Official's Signature: _____ Date: _____

Total Household Income _____
 Categorical Error Prone

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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

Chawanakee Unified School District

Dear Parent/Guardian:

The **Chawanakee Unified School District** participates in the National School Lunch Program and School Breakfast Program by offering healthy meals every school day. Your children may qualify for free or reduced-price meals by completing the Application for Free and Reduced-Price Meals. Eligible students may receive meals at the reduced-price rate of **\$0.40** for lunch and **\$0.30** for breakfast. Students may buy an Elementary lunch for \$3.00 and Elementary Breakfast for \$1.75. Students may buy a High School lunch for \$3.50 and High School Breakfast for \$2.00.

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, or FDPIR 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 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.

INCOME ELIGIBILITY GUIDELINES					
July 1, 2016–June 30, 2017					
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:					
	\$7,696	\$642	\$321	\$296	\$148

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 have not been told your children will qualify for free meals, please call **Gayle Fain at 877-2215**.

3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?

No. Complete **one** Application for Free and Reduced-Price Meals 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 your child's school office or cafeteria**

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 carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please contact **the Cafeteria Office at 877-2215 x 336** immediately.

5. CAN I APPLY ONLINE?

Not yet! You may print off an application to be completed. Please turn completed application to your child's school office or cafeteria.

6. 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 one school year at a time and for the first few days of the following school year. You must send in a new Application by **Sept 29, 2017** unless the school told you that your child is eligible for the new school year. If you do not send in a new Application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. 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.

8. WILL THE INFORMATION I PROVIDE BE CHECKED?

Yes. School officials may verify the information on the Application at any time during the school year. You may be asked to send additional information to prove your income, or current eligibility for CalFresh, CalWORKS, or FDPIR.

9. 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.

10. 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 your child's school.

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, enter 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?

All household members must be included on the Application even if the individual does not receive income. Whenever this happens, please write a "0" in the income field. However, if any income fields are left empty or blank, the income will be counted as zero. 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, 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? Yes. For information on CalFresh and CalWORKs, contact your county welfare department by reviewing the CalFresh Web page at <http://www.calfresh.ca.gov/PG839.htm> or by phone at 877-847-3663. For additional assistance in your local area, contact the California referral hotline by phone at 211.

If you have other questions or need help, please contact **the Cafeteria Office at 877-2215 x 336**.

Sincerely,

Gayle Fain
Food Service Director