Letter to Household for Free and Reduced-Price Meals

Effective July 1, 2017–June 30, 2018

Reduced Price Eligibility Scale

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,311</td>
<td>$1,860</td>
<td>$930</td>
<td>$859</td>
<td>$430</td>
</tr>
<tr>
<td>2</td>
<td>$30,944</td>
<td>$2,504</td>
<td>$1,252</td>
<td>$1,156</td>
<td>$578</td>
</tr>
<tr>
<td>3</td>
<td>$32,777</td>
<td>$3,149</td>
<td>$1,575</td>
<td>$1,453</td>
<td>$572</td>
</tr>
<tr>
<td>4</td>
<td>$45,510</td>
<td>$3,733</td>
<td>$1,897</td>
<td>$1,751</td>
<td>$876</td>
</tr>
<tr>
<td>5</td>
<td>$53,243</td>
<td>$4,437</td>
<td>$2,219</td>
<td>$2,048</td>
<td>$1,024</td>
</tr>
<tr>
<td>6</td>
<td>$60,976</td>
<td>$5,082</td>
<td>$2,541</td>
<td>$2,346</td>
<td>$1,173</td>
</tr>
<tr>
<td>7</td>
<td>$66,709</td>
<td>$5,726</td>
<td>$2,863</td>
<td>$2,643</td>
<td>$1,222</td>
</tr>
<tr>
<td>8</td>
<td>$76,442</td>
<td>$6,371</td>
<td>$3,186</td>
<td>$2,941</td>
<td>$1,472</td>
</tr>
<tr>
<td>Fam Add</td>
<td>$7,711</td>
<td>$645</td>
<td>$323</td>
<td>$298</td>
<td>$146</td>
</tr>
</tbody>
</table>

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, may be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at (530) 253-3660. FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school’s decision regarding your application’s determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Ed Brown, Superintendent/Principal, at (530) 253-3660.

ELIGIBILITY CARRYOVER: Your child’s eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals.

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS: Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Janesville School. Print their name (first, middle initial), last), school, grade level, and birthdate. If any student listed is a foster child, check the “Foster” box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable “Homeless, Migrant, or Runaway” box and complete all steps of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) from all household members (children and adults) in whole dollars. Enter “0” for any household member that does not receive income.

A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
C) Enter the total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.
D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the “NO SSN” box.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today’s date.

OPTIONAL: CHILDREN’S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your child’s eligibility for free or reduced-price meals. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 are not required when you list a CalFresh, CalWORKs, or 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.

QUESTIONS/NEED ASSISTANCE: Please contact Andrea Kellogg at (530) 253-3660.

SUBMIT: Please submit a complete application to your child’s school. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Andrea Kellogg
Chief Business Official
Janesville School

School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights laws 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, 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: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.
HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school 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 school 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 Andrea Kellogg, Chief Business Official, at (530) 253-3660.

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;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Janesville School, regardless of age.

A) List each child's name. Print each child's 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 required information for the additional children.

B) Is the child a student at Janesville School? Mark ‘Yes’ or ‘No’ under the column titled “Student” to tell us which children attend Janesville School. If you marked ‘Yes,’ write the grade level of the student in the ‘Grade’ column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the “Foster Child” box next to the child’s name. If you are only applying for foster children, after finishing STEP 1, go to STEP 4.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the “Homeless, Migrant, Runaway” box next to the child’s name and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number.
- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children,” printed on the back side of the application form 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.
  - 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...
2017-2018 Prototype Household Application for Free and Reduced Price School Meals
Complete one application per household. Please 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 | Grade | Student? | Homeless, Migrant, Runaway
--- | --- | --- | --- | --- | ---

STEP 2
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO  > Go to STEP 3.
If 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)

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.

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?
--- | --- | --- | --- | --- | --- | ---

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. Please return completed form to your child's teacher or the school office.

"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
### Sources of Income for Children

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

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Sources of Income for Adults</th>
<th>Public Assistance / Alimony / Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from Work</td>
<td>Salary, wages, cash bonuses</td>
<td>Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td></td>
<td>- Net income from self-employment (farm or business)</td>
<td>- Private pensions or disability benefits</td>
</tr>
<tr>
<td></td>
<td>If you are in the U.S. Military:</td>
<td>- Regular income from trusts or estates</td>
</tr>
<tr>
<td></td>
<td>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</td>
<td>- Annuities</td>
</tr>
<tr>
<td></td>
<td>- Allowances for off-base housing, food and clothing</td>
<td>- Investment income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Earned interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Rental income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

### 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 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 are 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 for 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.

### 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

**Determining Official’s Signature**

<table>
<thead>
<tr>
<th>How often?</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>2x Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Household Size**

<table>
<thead>
<tr>
<th>Category</th>
<th>Free</th>
<th>Reduced</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Confirming Official’s Signature**

**Verifying Official’s Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>