

**HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS - 2009/2010 SCHOOL YEAR**

DEAR PARENT OR GUARDIAN:

Cajon Valley Union School District takes part in the National School Lunch and Breakfast Programs. Meals are served every school day. Students may buy lunch for \$2.25 in elementary school or \$2.50 in middle school, and/or breakfast for \$1.25 in elementary and \$1.25 middle schools. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.25 for breakfast for both elementary and middle schools. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.**

**PART 1 - IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD.** Put X in the box provided if this application is for a Foster Child. Enter the Foster child's monthly PERSONAL USE income in the boxes provided. Foster children may be eligible for free or reduced price meals regardless of the income of the households with whom they reside.

**PART 2 -** If you believe the child for whom you are applying is homeless, migrant, or a runaway, call your school homeless liaison or migrant coordinator Jennifer Wagner at (619)588-3643, and place an X in the appropriate box.

**PART 3 -** Enter the enrolled Student's ID (if you know it), first name, middle initial, last name, date of birth (optional), school code, and grade. If applicable, enter the Food Stamp, Food Distribution Program on Indian Reservation (FDPIR), or California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payment (Kin-GAP) case number in the space provided for each child. If each child listed on the application has a Food Stamp, CalWORKs, or FDPIR number, you may skip Parts 4, 5 & 7. You MUST fill out Parts 4 & 5 if one or more students listed DOES NOT have a case number. If this is a foster child application, ONLY list the foster child - DO NOT list any other students.

**PART 4 -** Enter the names of ALL OTHER people living in your household who are not listed above. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. Households with deployed service members should include their name and the income made available to the household. DO NOT include the names of the students listed in Part 3 unless the student receives regular income, and DO NOT include any foster children. If

**INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS**

**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 (1) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (2) 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.

**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.

**MILITARY HOUSING INCOME:** If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

**MEALS FOR DISABLED:** If you believe your child needs a food substitute or texture modification because of a disability, please contact Child Nutrition (619) 588-3113. 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 school meals.

**APPLY 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 Stamps, CalWORKs, Kin-GAP or FDPIR benefits, you may complete an application at that time.

**NON-DISCRIMINATION:** In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800 795-3272 or 202-720-5964 (TTY). USDA is an equal opportunity provider and employer.

**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.

**PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act (Section 9)** 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 Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier 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.

**FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATION (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.

**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 Stamps, CalWORKs, Kin-GAP or FDPIR.

**DIRECT CERTIFICATION:** This district participates in Direct Certification. If your household receives Food Stamps or if your child(ren) receives CalWORKs, Kin-GAP, or FDPIR benefits, then 1) your child may be automatically certified to receive free meals. 2) if you did

the individual has no income, you must put an X in the box indicating No Income next to the individual's name. Enter the Income received last month BEFORE DEDUCTIONS in the appropriate column, and indicate the frequency at which the income is received. In the box marked "F", enter W if income entered is received weekly, E if income is received every 2 weeks, T if income is received twice a month, M if the income is received monthly, or Y if the income is received yearly (see chart at the bottom of this page for income to report). If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

**PART 5 -** Enter the total number of people living in your household from parts 3 and 4. If a student has been listed in both Part 3 and Part 4, count him/her only once.

**PART 6 -** Enter your mailing address and telephone number.

**PART 7 -** Enter the Social Security Number of the adult household member filling out the application. If the adult household member does not have a Social Security Number, place an X in the box provided.

**PART 8 -** SIGN and PRINT the name of the adult filling out the application. Enter the date signed. See Privacy Act.

**PART 9 (OPTIONAL) -** Put an X indicating the student's race/ethnic origin in the boxes provided. You DO NOT have to provide this information.

not receive a direct certification letter for your child who is in any of these programs, you must complete an application. If you do not receive notification, but think your child(ren) is/are eligible for free meals, please call the Child Nutrition Office at (619) 588-3111.

**FAIR HEARING:** If you do not agree with the District's decision regarding your application or the result of verification, you may discuss it with Nutrition Services. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school office: G. Wayne Oetken, Assistant Superintendent, Business Services, 710 E. Main Street, El Cajon, CA 92022.

**SUBMIT:** Please return completed meal applications to your child's school office or to the Child Nutrition Office, 225 Roanoke Rd., El Cajon, CA 92020. We will let you know when your application is approved or denied. Your benefits will be good for the entire school year.

**INCOME TO REPORT**

Earnings from work before deductions; include all jobs	Wages, salaries and tips, unemployment compensation, workers' compensation, net income from self-owned business or farm
Welfare Payments, Child Support/Alimony	Public assistance payments, welfare payments, alimony and child support payments
Pay from Pensions, Retirement/Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI)
Any Other Income, Including Temporary Income	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

**PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.**

**INCOME ELIGIBILITY GUIDELINES - Use the income chart below to see if you qualify for the free or reduced price meal program, effective July 1, 2009 - June 30, 2010**

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
<b>For each additional family member, add:</b>	+ 6,919	+ \$577	+ \$289	+ \$267	+ \$134

\*A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

Linda Patzold, Director of Child Nutrition, Cajon Valley Union School District