

APP. NO. _____

CLOVIS UNIFIED SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2018-2019

SECTION A. STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS SECTION BY PROVIDING INFORMATION FOR ALL CHILDREN IN YOUR HOUSEHOLD.

STUDENT / CHILD INFORMATION-LIST <u>ALL</u> STUDENTS AND OTHER CHILDREN IN HOUSEHOLD WHETHER OR NOT THEY ATTEND CLOVIS UNIFIED (For additional names, attach another sheet of paper.)				CalFresh/SNAP (Food Stamps), CalWORKs, or FDIPIR Benefits	Is This a FOSTER CHILD?	
Last Name	First Name	Name of CUSD School Your Child Attends	Date of Birth (Optional)	ENTER COMPLETE CASE NUMBER (for CalFresh/SNAP (Food stamps), locate number under name at bottom left of EBT card; for CalWORKS, locate number at top right of Notice of Action. <i>Medi-Cal Only is NOT Acceptable</i>)	Write "Yes" or "No"	If "Yes," Enter Child's Monthly Personal-Use Income
				CASE NO. _____ CalFresh /SNAP		
				CASE NO. _____ CalWORKS		
				CASE NO. _____ FDIPIR		

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: Skip this step If you have entered a CalFresh/SNAP (Food Stamps), CalWORKs, or FDIPIR case number in Section A, or if this application is for a Foster Child . Proceed to Section C.

List ALL adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Enter any income received by a child or for a child from full-time or regular part-time employment, or for a child for SSI or Adoption Assistance payments above.

FULL NAME OF ADULT HOUSEHOLD MEMBERS (ENTER ZERO (0) FOR HOUSEHOLD MEMBERS WITH NO INCOME.) (For additional names, attach another sheet of paper.) (Any income field left blank is a positive indication of no income and certifies that there is no income to report.)	Gross MONTHLY Income (Earnings From Work Before Deductions) (See Calculation Formula in Letter to Households on reverse) Include All Jobs	Monthly Pension, Retirement, Social Security	Monthly Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income-	FOR SCHOOL USE ONLY Total Monthly Income
	/month	/mo.	/mo.	/mo.	
	/month	/mo.	/mo.	/mo.	
	/month	/mo.	/mo.	/mo.	

SECTION C. I certify that the above information is true and correct and that all income is reported. I understand this information is given in connection with the receipt of federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws. Education Code Section 49557(a): Applications for free and reduced price meals may be submitted 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, special serving lines, separate entrances, separate dining areas, or by any other means.

SIGNATURE OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM	TELEPHONE NUMBER	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM	SOCIAL SECURITY NUMBER – LAST FOUR DIGITS ONLY XXX-XX-	<input type="checkbox"/> I DO NOT HAVE A SOCIAL SECURITY NUMBER
MAILING ADDRESS	CITY ZIP CODE	TOTAL ADULTS & CHILDREN IN HOUSEHOLD (NAMES MUST BE LISTED ABOVE TO BE INCLUDED IN TOTAL) _____

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1) Mark one or more racial identities below: American Indian or Alaska Native Black or African-American Asian Native Hawaiian or Other Pacific Islander White

2) Mark one ethnic identity below: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY... FOR SCHOOL USE ONLY...					
Year Rd Track:	Household Size:	Household Income:	Determining Official:	Date:	
				Direct Certified as: H M R	
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free Due To CalFresh, CalWORKs, or FDIPIR Benefits				2 nd Review:	EP <input type="checkbox"/>
Verification Official:	Date:	Follow-up:			

LETTER TO HOUSEHOLDS FOR FREE AND REDUCED-PRICE MEALS FOR 2018-2019 SCHOOL YEAR

Dear Parent or Guardian:

The Clovis Unified School District takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day at participating schools. Students may buy lunch for \$2.25 (elementary) \$3.00 (intermediate and high) and breakfast for \$1.00 (elementary) \$1.25 (intermediate and high). Eligible free AND reduced price students may receive meals at no cost (elementary, intermediate and high). Students may buy milk (1%) or chocolate milk (fat free) for \$.40 (elementary, intermediate and high). You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.

TERMS—“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, utility bills, etc.

SOCIAL SECURITY NUMBER (SSN)—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the “I Do Not Have a Social Security Number” box. If you have listed a CalFresh, CalWORKs, or FDIPIR case number for the child, or if the Application is for a foster child, a SSN is not required of the adult signing the Application.

DIRECT CERTIFICATION—This school/agency participates in Direct Certification. If your household currently receives benefits from one of the following programs: CalFresh (Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) DO NOT complete a meal Application. School officials will notify you of your children’s eligibility for free meals. **If you are not contacted by August 19, 2018**, but think your children are eligible for free meals, please contact Campus Catering. You may need to complete an Application.

MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN—To apply, complete the Application for Free and Reduced-Price Meals, sign it, and return it to Campus Catering, 1735 David E. Cook Way, Clovis, CA 93611 or to any nearby Clovis Unified cafeteria. Households must complete an Application when each child does not have a case number or/and is not a foster child.

FDPIR BENEFITS—Households participating in the FDIPIR are categorically eligible for free meals. The FDIPIR 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 CalFresh Program or FDIPIR. Since households are afforded the option to participate in either program, FDIPIR households have been determined to receive the same categorical benefits as CalFresh households.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—who are the legal responsibility of a welfare agency or court. Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as household members, which may help the foster family’s non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster’s income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN.

INCOME HOUSEHOLDS — To apply, complete the Application for Free and Reduced-Price Meals. Follow the instructions on the Application and see the Income Eligibility Guidelines on the right, sign it, and return it to Campus Catering or any nearby Clovis Unified cafeteria.

MILITARY HOUSING INCOME — If you are in the *Military Housing Privatization Initiative* or get combat pay, DO NOT include these allowances as income. You DO report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member’s income made available by them or on their behalf to the household.

HOMELESS, RUNAWAY, & MIGRANT—Contact Campus Catering at (559) 327-9140 for details.

MEALS FOR DISABLED—If you believe your child needs a food substitute or texture modification because of a disability, please contact Campus Catering. 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 (known as WIC), your child may be eligible for free/reduced-price meals. **We encourage you to complete an Application and return it for processing.**

APPLYING FOR BENEFITS—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you become unemployed, your family size becomes larger, or you become eligible for CalFresh, CalWORKs, or FDIPIR benefits, you may submit an Application at that time.

A COMPLETE HOUSEHOLD APPLICATION—The Application cannot be approved unless it contains complete eligibility information. If you **do not** enter a CalFresh, CalWORKs, or FDIPIR case number for each student (or an adult household member) listed on the Application, you must complete the following:

Note: You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

Section A: The names of all children in your household, name of school or write “none” if not in school and their earned income with frequency. The Children’s Racial and Ethnic Identities, is voluntary to answer.

Section B: The names of all adults in the household, the amount of income, and the source and frequency of income. Enter “0” for household members with no income.

Section C: Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the “I Do Not Have a Social Security Number” box if the adult does not have an SSN.

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 validate your income, or current eligibility for CalFresh, CalWORKs, or FDIPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

INFORMATION STATEMENT—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKs, or FDIPIR case number or other FDIPIR identifier for your child or indicate that the adult household member signing the Application does not have a SSN. We will use your information to determine if your child is eligible for free or reduced-price meals, and for the administration and enforcement of the lunch and breakfast programs.

OVERT IDENTIFICATION— 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, special serving lines, separate entrances, separate dining areas, or by any other means.

FAIR HEARING—If you do not agree with the school’s decision regarding your Application’s eligibility determination or the result of Verification, you may discuss it with Campus Catering. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: Robert Schram, Campus Catering, 1735 David E. Cook Way, Ste. B, Clovis, CA 93611. (559) 327-9140.

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

INCOME FOR THE SELF-EMPLOYED—Self-employed persons may use last year’s income as a basis to project their current year’s NET income, unless your current net income provides a more accurate measure. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

CALCULATING INCOME—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME TO REPORT	
Earnings from work before deductions; include all jobs	Gross Wages/salaries/tips, strike benefits, unemployment compensation, workers’ compensation, and net income from self-owned business or farm
Pensions Retirement Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
List Other 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 temporary income

Income Eligibility Guidelines (IEGs) July 1, 2018–June 30, 2019					
USE THE INCOME CHART BELOW TO SEE IF YOU QUALIFY FOR THE FREE OR REDUCED-PRICE MEAL PROGRAM					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional household member add	+7,992	+\$666	+\$333	+\$308	+\$154

NON-DISCRIMINATION STATEMENT—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. 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: Mail – U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax – (202) 690-7442; or email – program.intake@usda.gov. This institution is an equal opportunity provider.

Do you Need Assistance completing the Application or have questions? Please contact Donna Earl, Campus Catering, 1735 David E. Cook Way, Suite B, Clovis, CA 93611. (559) 327-9140.

Sincerely,
Campus Catering/Clovis Unified School District