

San Dieguito Union High School District

**LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM
FOR 2011 - 2012 SCHOOL YEAR**

Dear Parent or Guardian:

The San Dieguito Union High School District/Agency takes part in the National School Lunch Program. Meals are served every school day. Students may buy breakfast for \$2.25 or lunch for \$3.75. Eligible students may receive meals free.

- If you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free meals.
- If your total household income is the same or less than the amounts on the income scale below, your child may receive meals free. 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.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court is eligible to receive meals free regardless of your income.

HOW TO APPLY

Complete and sign the attached **Application for Free Meals**, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Categorical eligibility for free meals is given to any foster child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, FDPIR or Foster case number for **each** student listed on the application, you must enter (go to next column):

- 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 last four digits of 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

An application must be completed, with all household members and incomes 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.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1*	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add:	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136

*A household of one means a pupil who is his/her sole support.

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.

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 projected annual income.

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 last four digits of 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, FDPIR or Foster 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 school 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 meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION — Children who receive free 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: Eric Dill
Associate Superintendent, Business Services

ADDRESS: 710 Encinitas Blvd., Encinitas, CA 92024

TELEPHONE: (760) 753-6491

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 meals.

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

NAME: Nutrition Services Administrative Assistant

ADDRESS: 675 Balour Drive, Encinitas, CA 92024

TELEPHONE: (760) 753-6241, ext. 3426

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

Sincerely,

Rick Mariam
Director of Nutrition Services

San Dieguito Union High School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2011-2012

ONE application per household AND ONE for each foster child.

Check here if student is new to the San Dieguito Union HS District free lunch program.

SECTION A. All Households Complete this Section

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION		
HSGLD SIZE:	HSGLD INCOME: \$	Direct Certified as: H M R F <input type="checkbox"/> EP
Direct Certified as: H M R F		
Temporary Free, Expiration Date:		(45 days maximum allowed)
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, Foster or FDIPIR Benefits		
DETERMINING OFFICIAL	Date	2 nd Review: Date
VERIFICATION OFFICIAL	Date	

STUDENT/CHILD INFORMATION				FOOD STAMP/CAL WORKS/KIN GAP/FDIPIR /FOSTER ONLY			
Last name	First name	School Write "none" if not in school	Grade	Write Benefit Type: ♦ Food Stamp ♦ CalWORKs ♦ Kin-GAP ♦ FDIPIR ♦ Foster	Enter Case Number	Child/Student income or Enter "0"	FOR SCHOOL USE ONLY
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	

If you entered a Food Stamp, CalWORKs, Kin-GAP, or FDIPIR case number for any child in Section A, skip Sec. B and complete Sec.C.

If the child you are applying for is homeless, migrant, or a runaway, check box Homeless Migrant Runaway, go to Section C, sign application and contact the Registrar at your school to complete additional paperwork.

SECTION B. HOUSEHOLD MEMBERS AND INCOME

List all adult household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month, (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4) If amount last month was more/less than usual, enter the usual amount.

Full Name	IF NO INCOME, ENTER ZERO, "0"	Gross Earnings From Work Before Deductions, Include all jobs	Pension, Retirement, Social security	Welfare Benefits, Child Support, Alimony Payments	Any other Monthly Income	FOR SCHOOL USE ONLY: TOTAL INCOME
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$

← ENTER TOTAL HOUSEHOLD MEMBERS (The number you enter must equal the number of names in Section A and Section B)

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 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.

Privacy Act 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 is not required when you apply on behalf of a foster child or if you list a CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR 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.

SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	TODAY'S DATE	TELEPHONE NUMBER
PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION	Social Security Number (SSN) XXX - XX - _____	<input type="checkbox"/> I DO NOT HAVE A SSN
ADDRESS	CITY	STATE
		ZIP CODE

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

1. Choose one or more racial identities (regardless of ethnicity): Asian White American Indian or Alaska Native Black or African-American Native Hawaiian or other Pacific Islander 2. Choose one ethnic identity: Hispanic/Latino Not Hispanic/Latino



*Healthy Families
& Medi-Cal
For Families*

*Qualifying families may receive
complete medical, dental
and vision coverage
for children up to age 19.*

*Questions regarding Healthy Families
may be directed to
1-888-747-1222.*

To apply, please complete the application at the following link.

<http://www.healthyfamilies.ca.gov>

