

CLOVIS UNIFIED SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2015-2016

APP. NO. _____

SECTION A. STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE THIS SECTION BY PROVIDING INFORMATION FOR ALL CHILDREN IN YOUR HOUSEHOLD.
STUDENT / CHILD INFORMATION-LIST ALL STUDENTS AND OTHER CHILDREN IN HOUSEHOLD WHETHER OR NOT THEY ATTEND CLOVIS UNIFIED (For additional names, attach another sheet of paper.)

| Last Name | First Name | Name of CUSD School Your Child Attends | Date of Birth (Optional) | ENTER COMPLETE CASE NUMBER (for CalFresh (food stamps), locate number under name at bottom left of EBT card; for CalWORKS, locate number at top right of Notice of Action. MEDICAL ONLY IS NOT ACCEPTABLE) | CalFresh (Food Stamps), CalWORKS, Kin-GAP, or FDPPIR Benefits | Is This a FOSTER CHILD? | Write "Yes" or "No" | If "Yes," Enter Child's Monthly Personal-Use Income |
|-----------|------------|--|--------------------------|--|---|-------------------------|---------------------|---|
| | | | | CASE NO. | CalFresh | | | |
| | | | | CASE NO. | CalWORKS | | | |
| | | | | CASE NO. | Kin-Gap | | | |
| | | | | CASE NO. | FDPPIR | | | |

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you entered a CalFresh, CalWORKS, Kin-GAP, or FDPPIR case number for each child in Section A, or if this application is for a Foster Child and you entered his or her monthly personal-use income, go to the signature block below in 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. Also, 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.

| 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 | /mo |
| | /month | /mo | /mo | /mo | /mo |
| | /month | /mo | /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 National School Lunch Program will not be overly 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 _____

PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM _____ TELEPHONE NUMBER _____ DATE _____

MAILING ADDRESS _____ SOCIAL SECURITY NUMBER - LAST FOUR DIGITS ONLY XXX-XX-_____
GITY _____ 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):

American Indian or Alaska Native Black or African-American Asian Native Hawaiian or Other Pacific Islander White 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...

Year Rd Track: _____ Household Size: _____ Household Income: _____ Determining Official: _____ Date: _____

Zero Income, Temporary Free Until (45 Calendar Days From Date Of This Determination): _____ Free Reduced Denied Categorically Free Due To CalFresh, CalWORKS, Kin-Gap, or FDPPIR Benefits

Verification Official: _____ Date: _____ Follow-up: _____ EP

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/or 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% low fat) 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, Kin-GAP, or FDIIR 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 (previously Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKS), Kinship Guardianship Assistance Payments (Kin-GAP), 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 21, 2015** 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 FDIIR are categorically eligible for free meals. The FDIIR 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 the FDIIR. Since households are afforded the option to participate in either program, FDIIR 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, Kin-GAP, or FDIIR 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, Kin-GAP, or FDIIR 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, Kin-GAP, or FDIIR 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, Kin-GAP, or FDIIR case number or other FDIIR identifier for your child or when you indicate that the adult household member signing the Application does not have a SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

OVERSIGHT IDENTIFICATION—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

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.

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 FOR REPORT | | | |
|---|-------------------|---------|-----------------|-----------------|
| | Annual | Monthly | Twice Per Month | Every Two Weeks |
| Earnings from work before deductions: include all jobs | \$21,775 | \$1,815 | \$908 | \$838 |
| Pensions/Retirement | \$2,456 | \$205 | \$1,228 | \$1,134 |
| Welfare, Child Support, Alimony | \$37,167 | \$3,098 | \$1,549 | \$1,430 |
| Public assistance payments, welfare payments, alimony, and child support payments | \$44,863 | \$3,739 | \$1,870 | \$1,726 |
| Disability benefits, cash withdrawal 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 | \$32,559 | \$4,380 | \$2,190 | \$2,022 |
| | \$60,285 | \$5,022 | \$2,511 | \$2,318 |
| | \$67,951 | \$5,663 | \$2,832 | \$2,614 |
| | \$75,647 | \$6,304 | \$3,152 | \$2,910 |
| | \$7,696 | \$642 | \$321 | \$296 |
| | | | | \$148 |

Income Eligibility Guidelines (IEGs)
July 1, 2015–June 30, 2016

| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|--|----------|---------|-----------------|-----------------|--------|
| 1 | \$21,775 | \$1,815 | \$908 | \$838 | \$19 |
| 2 | \$29,471 | \$2,456 | \$1,228 | \$1,134 | \$57 |
| 3 | \$37,167 | \$3,098 | \$1,549 | \$1,430 | \$75 |
| 4 | \$44,863 | \$3,739 | \$1,870 | \$1,726 | \$83 |
| 5 | \$52,559 | \$4,380 | \$2,190 | \$2,022 | \$101 |
| 6 | \$60,285 | \$5,022 | \$2,511 | \$2,318 | \$119 |
| 7 | \$67,951 | \$5,663 | \$2,832 | \$2,614 | \$137 |
| 8 | \$75,647 | \$6,304 | \$3,152 | \$2,910 | \$155 |
| For each additional household member add | \$7,696 | \$642 | \$321 | \$296 | \$148 |

NON-DISCRIMINATION STATEMENT—The U.S. Dept. of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, marital status, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.asc.usda.gov/complaint_filing_cust.html, or at any USDA office or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C., 20250-9410. By fax (202) 690-7442 or email at progdirector@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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.

You will be notified of your eligibility by Campus Catering when your Application has been processed.

Sincerely,
Campus Catering/Clovis Unified School District