

School Year [2019-20] [PUC Schools] Application for Free and Reduced-Price Meals Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

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.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.				
	EXAMPLE: Joseph P Adams	Lincoln Elementary		1st	12-15-2010	Foster	Homeless	Migrant
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults) **D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** **Check the box if NO SSN**

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: 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.

Signature of adult completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	Total Household Income \$
Total Household Size <input type="text"/> <input type="text"/>	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied) <input type="checkbox"/> Categorical
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

Dear Parent or Guardian:

PUC Schools participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Breakfast is FREE to ALL students. Contact the Main Office at your Child(ren) school for LUNCH pricing info or your children do not have U.S. citizenship to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

QUALIFICATION Your children may qualify for free or reduced-price meals if your household income falls at or below the federal income eligibility guidelines below.

ends, your child will be charged the full price for meals unless the household receives a notification for free or reduced-price meals. School officials are not required to send reminder or expiration notices.

Guidelines below

Income Eligibility Guidelines: July 1, 2019–June 30, 2020

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$23,107	\$1,926	\$963	\$ 889	\$ 445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$ 1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$ 1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$ 1,546
For each additional family member add	\$8,177	\$ 682	\$ 341	\$ 315	\$ 158

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.

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 administering USDA programs are prohibited from discriminating based on race, color, national origin, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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.

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 the program is administered. Individuals who are deaf or hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-3399. Additionally, program information may be made available in languages other than English.

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.

To file a program complaint of discrimination, contact the USDA Program Discrimination Complaint Form (3027) found online at: http://www.ascr.usda.gov/complaint_filing_guidance or any USDA office, or write a letter addressed to the Director of the Office of Program Discrimination, U.S. Department of Agriculture, 1400 Independence Avenue, SW, Washington, DC 20250-4102. Fax: (202) 743-4902; or (3) Email: program.intake@usda.gov

HOMELESS, MIGRANT, RUNAWAY & HEAD START Children who meet the definition of homeless, migrant, or runaway children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance.

This institution is an equal opportunity provider.

FOSTER CHILD The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may also include 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 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 the following:

David Jackson, (818) 359-9999

ELIGIBILITY CARRYOVER Your child's eligibility status from the previous school year will continue into the new school year for 30 operating days or until a new determination is made.

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

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 result in your application being rejected.

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

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

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

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

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.

INFORMATION STATEMENT The Richard B. Russell National School Lunch Act requires the information of the person who signs the application. The last four digits of the social security number of the adult household member signing the application does not have a social security number. We will use this information to determine if your child is eligible for free-price meals, and for administration and enforcement of the lunch and breakfast programs.

- A) Report the combined GROSS income for all students living in the household. Include a foster child's income if you are applying for foster children on the same application.
- B) Print the names (first and last) of ALL OTHER household members not listed in STEP 1. 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 Social Security number (SSN). If the household member has a SSN, check the "NO SSN" box.

QUESTIONS ASSISTANCE Please contact Rosa Arrington at (818) 333-0027. SUBMIT: Please submit a complete application to your child's school or the nutrition office at 405 North San Dimas Blvd, Suite 33 Burbank CA 91504. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Rosa Arrington
PUC National, Food Services Operations Manager