



School Lunch/Breakfast Application

Mark Twain Union Elementary School District

P.O. Box 1359 ▪ Angels Camp, CA 95222

(209) 736-1855 phone ▪ (209) 736-6888 fax ▪ www.mtwain.k12.ca.us

Julia Tidball, Superintendent

Dear Parent or Guardian:

The **Mark Twain Union Elementary 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** and/or breakfast for **\$1.00**. Eligible students may receive meals free. 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 SSN box.” If you have listed a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number for the child, or if the Application is for a foster child, an SSN is **not** required of the adult signing the Application.

DIRECT CERTIFICATION—This school/agency participates 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 **[insert date]** but think your children are eligible for free meals, please contact the school. 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 the school. Households must complete an Application when EACH child who does not have a case number or/and is not a foster child.

FDPIR BENEFITS—Households participating in the FDPIR are categorically eligible for free meals/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 CalFresh 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 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 a household member, 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 to report chart on the right, sign it, and return it to the school.

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 the school for details.

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 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 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 lose your job, your family size becomes larger, or you become eligible for CalFresh, CalWORKS, Kin-GAP, or FDPIR 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 FDPIR 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 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, their earned income with frequency, or mark the “if no income box.” 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, the source and frequency of income, or mark the “if no income box” for each person listed.

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 an SSN 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 FDPIR 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, KinGAP, or FDPIR case number or other FDPIR 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.

OVERT 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 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: **Roy Blair, Director of Fiscal Services, MTUESD, P. O. Box 1359, Angels Camp, CA 95222; 209-736-1855; rblair@mtwain.k12.ca.us**

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.

NON-DISCRIMINATION STATEMENT—This explains what to do if you believe you have been treated unfairly. "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 Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired 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:

Paula Broglio
Kitchen Manager
PO Box 1239
Angels Camp, CA 95222

Linda Wiebe
Kitchen Manager
217 School Street
Copperopolis, CA 95228

209-736-6810
pbroglio@mtwain.k12.ca.us

209-785-4244
lwiebe@mtwain.k12.ca.us

You will be notified by the school when your Application has been approved or denied for free or reduced-price meals.

Sincerely,
Food Services Department

Income Eligibility Guidelines (IEGs) Jul 1, 2014–June 30, 2015					
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	\$ 21,590	\$ 1,800	\$ 900	\$ 831	\$ 416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional household member add	\$ 7,511	\$ 626	\$ 313	\$ 289	\$ 145

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

*****USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES*****

(Complete ONE Application per Household)

SECTION A. CHILDREN INFORMATION All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.
Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Racial and Ethnic Identities: (Optional)		MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	ENTER Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR	ENTER Benefit Case Number
				Circle One Ethnic Identity	Circle one or more							
①				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
②				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
③				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
④				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		
⑤				N OR H	A W B I P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: **H M R**
 Households submitting an application with a Benefit Case Number for CalFresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete.
 A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" if No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR	Enter Benefit
Richard, Larath	<input checked="" type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE: Education Code 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. I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that 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 of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____ Signature of adult household member completing this form _____ Date _____ Last 4 digits of Social Security Number (SSN) _____
 I do not have a SSN. Federal Information Statement on letter to households

Street Address, Apt #, etc. _____ City _____ State _____ Zip _____ Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

DO NOT Write Below This Line-For School Use Only:

Application Approved: _____ HSLD Size: _____ HSLD Annual Income: \$ _____ Determining Official's Signature & Date _____
 Free based on:
 CalFRESH Direct Certified as: H M R Denied based on: Income Too High Household Income Reduced based on:
 CalWORKS Household Income Incomplete KinGap Zero Income Foster Child Only
 FDPIR Direct Certification

Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Confirming Official's Signature & Date _____
 Verification Official's Signature & Date _____

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION FREQUENTLY ASKED QUESTIONS

1. *Do I need to fill out an application for each child?*

No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to your child's school.**

2. *Who can get free meals?*

Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

3. *Can homeless, runaway and migrant children get free meals?*

Please call Paula Broglio at (209) 736-6810 or Linda Wiebe at (209) 785-4244 to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. *Who can get reduced price meals?*

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. *I get WIC. Can my child(ren) get free meals?*

Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

6. *Will the information I give be checked?*

Yes, we may ask you to send written proof.

7. *If I don't qualify now, may I apply later?*

Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

8. *What if I disagree with the school's decision about my application?*

You should talk to school officials. You also may ask for a hearing by calling or writing to:

Paula Broglio~209-736-6810 at Mark Twain or Linda Wiebe ~209-785-4244 at Copperopolis Elem.

9. *May I apply if someone in my household is not a U.S. citizen?*

Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

10. *Who should I include as members of my household?*

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

11. *What if my income is not always the same?*

List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

12. *We are in the military, do we include our housing allowance as 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.