



Dear Parent or Guardian:

The East Side Union High School District (ESUHSD) takes part in the National School Lunch and school Breakfast Programs. Meals are served every school day at participating schools. Students may buy lunch for \$3.00 and breakfast for \$1.75. Eligible students may receive meals free. You or your children do not have to be a U.S. citizen to qualify for free.

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, a Social Security Number is not required of the adult signing the Application.

DIRECT CERTIFICATION—ESUHSD 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), your children may already be approved. School officials will notify you of your children's eligibility for free meals. If you are not contacted by September 23, 2014, but think your children are eligible for free meals, please contact the Child Nutrition Office (CNS). You may need to complete an Application.

MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, AND/OR NON DIRECTLY CERTIFIED CHILDREN—To apply complete the Application for Free and Reduced-Price Meals, sign it, and return it to the CNS district office. Households that do not have a case number and/or do not have foster children must complete an Application.

FDPIR BENEFITS—Households participating in the FDPIR are categorically eligible for free meals. 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 and non-foster children on the Application, you will need to report the foster and 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 District CNS Office.

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 District CNS Office 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 submit 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 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 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, if any, with frequency. The Children's Racial and Ethnic Identities, is voluntary to answer.

Section B: The names of all adults (including grandparents, uncles, aunts, cousins, etc.) 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 a SSN box" if the adult does not have a 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, Kin-GAP, 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: Associate Superintendent of Business, ESUHSD, 830 N. Capitol Ave., San Jose, CA 95133— 408 347 5051.

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.

Table with 2 columns: Category and Description. Categories include Earnings from work before deductions, Pensions Retirement Social Security, Welfare, Child Support, Alimony, and List Other Income.

2014-2015 INCOME ELIGIBILITY GUIDELINES

July 1, 2014—June 30, 2015

Use the income chart to see if you qualify for the free or reduced-price meal program.

Income eligibility chart table with columns: Household Size, Year, Month, Twice Per Month, Every Two Weeks, Week. Includes a row for additional family members.

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, Maria Tavares, 408 347 5191, CNS-ESUHSD, 830 N. Capitol Ave., San Jose, CA 95133.

You will be notified by the CNS district office when your Application has been approved or denied for the meal program.

Sincerely,

Handwritten signature of Julie Kasberger

Julie Kasberger
Director of General Services

EAST SIDE UHSD APPLICATION FOR FREE AND REDUCED PRICE MEALS—2014/2015

SECTION A: STUDENT INFORMATION: ONE APPLICATION PER HOUSEHOLD All Households Complete This Section. Enter ALL children regardless of grade. Enter all childrens' personal gross income and how often the income is received by using the following Income Codes: W=weekly, B=every two weeks, T=twice a month or every 15 days, M=monthly, & Y=yearly. Households submitting an application with a benefit case number for CalFresh, CalWORKS, etc., skip to Section C and complete.

Student Name _____	Sch. _____
ID# _____	Sex _____
Birthdate _____	Grade _____

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.

Last Name, First Name (All Children Living in Household)	School Write 'None' if not in school	Student ID number	Mark 'X' If foster child	Mark 'X' If No Income	Child's personal earned income	Source of Income (Work?)	How Often paid?	Enter Benefit Type: CalFresh, CalWORKS, KinGAP, FDIPIR	Enter Benefit Case Number	SECTION D: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional): 1) Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander 2) Mark one ethnic identity: <input type="checkbox"/> Of Hispanic or Latino origin <input type="checkbox"/> Not of Hispanic or Latino origin
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						
			<input type="checkbox"/>	<input type="checkbox"/>						

SECTION B: ALL OTHER HOUSEHOLD MEMBERS: Enter The Gross Income Each Adult Household Member Receives and "How Often" the Income is Received by Using the following Income Codes: W=weekly, B=every two weeks, T=twice a month or every 15 days, M=monthly, & Y=yearly. Write the actual income amount and frequency. Do not estimate monthly or yearly amounts. If no income, You MUST mark the "No Income" box. DO NOT leave income section blank and/or use "N/A" for income.

LIST ALL ADULTS LIVING IN HOUSEHOLD (Do not repeat names or income listed in section A)	MARK "X" if No Income	Gross earnings from work (Before Deductions) Include all jobs.	How Often paid?	Pensions, Retirement, Social Security, VA benefits	Income Source?	How Often paid?	Child Support, SSI, Alimony Payments, Adoption Assistance	Income Source?	How Often paid?	Any Other Income Including Temporary Income	Income Source?	How Often paid?	Enter Benefit Type: CalFresh, CalWORKS, KinGAP, FDIPIR	Enter Benefit Case Number
Example: Sally Nobody	<input type="checkbox"/>	\$2,000	B	\$ 900	SS	M	\$ 50	Child Support		\$ 450	EDD	W		
	<input type="checkbox"/>	\$		\$			\$			\$				
	<input type="checkbox"/>	\$		\$			\$			\$				
	<input type="checkbox"/>	\$		\$			\$			\$				
	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C: CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE: 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. 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, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.

_____ _____ I do not have a SSN
 Printed Name of adult completing this form SIGNATURE of adult completing this form Date Last 4 Digits of Social Security Number

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: Household Size _____ Household Income \$ _____

Free Based on: CalFRESH CalWorks Direct Certified: H M R KinGap FDIPIR Direct Certification Group Home/Institution No Income

Reduced based on Income Denied based on: Income Too High Incomplete

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

The USDA and the CDE are equal opportunity providers and employers.