

**LETTER TO HOUSEHOLDS ABOUT the NATIONAL SCHOOL LUNCH PROGRAM  
and SCHOOL BREAKFAST PROGRAM for 2008-2009**

Dear Parent or Guardian:

The West Sonoma County Union High School District takes part in the National School Lunch and Breakfast Programs. Meals are served every school day at all three schools.

**Students may buy lunch for \$ 2.50 and/or breakfast for \$ 1.50 . Eligible students may receive meals free.**

- This district/agency participates in Direct Certification: In a school participating in a meal program, your child is automatically certified to receive free meals, if your household currently receives Food Stamp (FS), or if your child receives California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. (See "HOW TO APPLY – FOOD STAMP . . . BENEFITS" below.)
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income." (See "HOW TO APPLY – FOSTER CARE . . ." below.)
- If you do not receive benefits automatically qualifying your child for free meals, you may apply for free/reduced-price meals for your child(ren). If your total **household** income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. "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. (See "HOW TO APPLY – INCOME HOUSEHOLDS" below.)

**HOW TO APPLY**

**FOOD STAMP, CalWORKS, KINGAP, and FDPIR BENEFITS:**

If your household receives Food Stamps (FS), or if your child receives CalWORKs, KinGAP, or FDPIR benefits, you **DO NOT COMPLETE A MEAL APPLICATION**. School officials will notify you of your child(ren)'s eligibility for free meals. If you are not contacted, but think your child(ren) is/are eligible for free meals, please contact the school. You may need to complete an application.

**FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—**

Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court**. Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

**INCOME HOUSEHOLDS (wages, salary, pensions, etc.)**

To apply for free or reduced-price meals for your child(ren), complete the attached Application for Free and Reduced Price Meals or Free Milk, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information. If you **do not** enter a FS, CalWORKs, KinGAP, or FDPIR case number for **each** student listed on the application, you must enter the following (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 (21 years and older) and other household members, the amount each person received last month, and the source of income.
- 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 income 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.

**INCOME ELIGIBILITY GUIDELINES**

Applicant Copy  
July 1, 2008 - June 30, 2009

Household Size	Weekly	Monthly	Annually
1*	\$ 370	\$1,604	\$19,240
2	\$ 499	\$2,159	\$25,900
3	\$ 627	\$2,714	\$32,560
4	\$ 755	\$3,269	\$39,220
5	\$ 883	\$3,824	\$45,880
6	\$1,011	\$4,379	\$52,540
7	\$1,139	\$4,934	\$59,200
8	\$1,267	\$5,489	\$65,860

For **each** additional household member add:

+ \$ 129                      + \$ 555                      + \$ 6,660

\* A household of one means a foster child, a child in out-of-home care, or 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 usual monthly income or project the annual income. To figure monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

## INCOME TO REPORT

### **EARNINGS FROM WORK**

Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm.

### **WELFARE CHILD SUPPORT ALIMONY**

Public assistance payments, welfare payments, alimony, and child support payments.

### **PENSIONS RETIREMENT SOCIAL SECURITY**

Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives).

### **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 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 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, KinGAP, 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, KinGAP, 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, KinGAP, or FDPIR benefits. Refer to the application for more detailed explanation.

**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 or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

**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.

**NONDISCRIMINATION**—Children who receive free or reduced priced 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:

Superintendent, WSCUHSD  
462 Johnson Street  
Sebastopol, CA 95472  
707.824.6403, ext. 12

**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 or reduced-price meals.

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

Paul Greenley, Food Service Coordinator, WSCUHSD  
462 Johnson Street  
Sebastopol, CA 95472  
707.824.6450

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

**Sincerely,**  
Paul Greenley

**K2008-2009 SY: APPLICATION FOR FREE AND REDUCED PRICE MEALS  
WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT / FOOD SERVICES**

**> SECTION A. INFORMATION FOR ALL CHILDREN IN HOUSEHOLD:**

STUDENT / CHILD INFORMATION				FOOD STAMP, CalWORKs, Kin-GAP or FDPIR Benefits		FOSTER CHILD (must have separate application)		
Last Name	First Name	Name of School		Check		Check		If "yes," enter child's monthly personal use income
		(Write "n/a" if not in school)	Grade	yes	no	yes	no	

**> SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP or FDPIR case number for each child, or if this application is for a foster child and you entered monthly personal use income, go to Section C.

**Foster Child** - In some cases foster children are eligible for free or reduced price meals regardless of the household's income. If you have foster children living with you and you wish to apply for such meals, please contact your school's food service administrator.

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 or for a child from full-time or regular part-time employment, SSI, or Adoption Assistance.

Full Name	Gross monthly earnings from work (before deductions) include all jobs	Pension, retirement, Social Security	Welfare benefits, child support, alimony payments	Any other monthly income	<b>SCHOOL USE ONLY</b> Total mo. income

**> SECTION C.** I certify that all of 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 of the information may subject me to prosecution under applicable State and Federal laws.

<b>Signature</b> of adult household member completing this form:		<b>Telephone No:</b> (   )	<b>Date:</b>
<b>Printed name of adult household member who completed this form:</b>		<b>Social Security Number:</b> (write "none" if no S.S. Number)	
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Total # Persons in Household</b>

**> SECTION D. RACIAL AND ETHNIC IDENTIFICATION OF CHILD(REN) IS VOLUNTARY. MARK ONE OR MORE IDENTITIES.**

- American Indian or Alaska Native    
 Asian    
 Black or African-American    
 Hispanic or Latino    
 Native Hawaiian or other Pacific Islander    
 White

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**FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION**

|                                                                                             |                                  |                                 |                                                                                                   |
|---------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Free                                                               | <input type="checkbox"/> Reduced | <input type="checkbox"/> Denied | <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits |
| Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination): |                                  | Direct Certified as: H M R      | EP <input type="checkbox"/>                                                                       |
| Determining Official:                                                                       |                                  | Household Size:                 | Household Income:                                                                                 |
| Verification Official:                                                                      |                                  | Date:                           | 2 <sup>nd</sup> Review – Official:                      Date:                                     |
|                                                                                             |                                  | Date:                           | Follow up:                                                                                        |