



ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT FOOD SERVICES

Dear Parent or Guardian:

We are pleased to inform you that the Antelope Valley Union High School District provides universal feeding under the Community Eligibility Provision (CEP) at the following sites in 2019-2020:

Antelope Valley High School Eastside High School Littlerock High School
Phoenix High School Desert Winds High School
R. Rex Parris High School Palmdale Preparatory Academy

What does this mean for you and your children attending the school(s) identified?

Great news! All enrolled students at these sites are eligible to receive a healthy breakfast and lunch at school at **NO CHARGE** each day of the 2019-2020 school year. All students will be able to participate in Food Services' meal programs at no cost or having to submit a meal application.

Your student may qualify for transportation at a reduced cost as a benefit from the lunch program. Please complete and submit the Education Benefits form to AVSTA for processing.

We look forward to serving your children and playing a greater role in our student's success. As part of our approved wellness plan please look for tips for healthy lifestyles on Food Services' webpage www.avfood.org. In addition, if you would like the opportunity to participate in the development, implementation or periodic review of the District's Local School Wellness Policy please notify Joe Cook at jcook@avhsd.org.

Please contact us if you need any assistance or have questions at (661) 575-1051 or our webpage at www.avfood.org.

Joe Cook
Director of Food Services

****The District will be requesting an Educational Benefits form from households that have a student(s) participating in the CEP. Information from this form will be used by the District to qualify for state and federally funded services and programs for your child(ren).***

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

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 they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

July 1, 2019

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Dear Parent/Guardian:

As you may know, this school year your student will receive meals as part of their school day thanks to the Community Eligibility Provision program. This is an automatic benefit for all Palmdale Prep Academy students and one that we are pleased to offer. It is important that our students feel nourished in order for them to learn.

This particular program does not require any specific documentation; however, the school district is still required to gather information to ensure that your student benefits from additional state and federal government money that is available.

All we need to know is: **How many people are living in your home and the total household income.**

Please return form to the Attendance office no later than September 20, 2019. The Antelope Valley Union High School District honors family privacy and will not share this information with any outside agency.

Please help us provide the best education possible to your student by completing the form attached. The information is not shared and will be kept at the school.

Thank you for your help and we look forward to a wonderful school year,

Matthew Berryman

Household Income Data Collection – Antelope Valley Union High School District Rev.7/15)

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household					
Name of Child(ren) attending a California K-12 Public School			School	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
1	<input type="checkbox"/> \$0 - \$15,444	<input type="checkbox"/> \$15,445 - \$21,978
2	<input type="checkbox"/> \$0 - \$20,826	<input type="checkbox"/> \$20,827 - \$29,637
3	<input type="checkbox"/> \$0 - \$26,208	<input type="checkbox"/> \$26,209 - \$37,296
4	<input type="checkbox"/> \$0 - \$31,590	<input type="checkbox"/> \$31,591 - \$44,955
5	<input type="checkbox"/> \$0 - \$36,972	<input type="checkbox"/> \$36,973 - \$52,614
6	<input type="checkbox"/> \$0 - \$42,354	<input type="checkbox"/> \$42,355 - \$60,273
7	<input type="checkbox"/> \$0 - \$47,749	<input type="checkbox"/> \$47,750 - \$67,951
8	<input type="checkbox"/> \$0 - \$53,157	<input type="checkbox"/> \$53,158 - \$75,647

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above, check here:

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member completing this form

Date

Printed name of adult household member completing this form