PRICING LETTER TO HOUSEHOLDS FOR FREE AND REDUCED-PRICE MEALS—2018-2019 School Year

Dear Parent or Guardian:

The Alameda Unified 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 $3.00 at Elementary Schools, $3.50 at Middle Schools and $3.75 at High Schools. Breakfast is available at most schools and can be purchased for $1.50. Milk can also be purchased for $0.60. Eligible students may receive meals free or at a reduced-price of $0.40 for lunch and/or $0.30 for breakfast. 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 September 1, 2014 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 families
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, Medi-Cal 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, 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: Shariq Kahn 510-337-7066, 2060 Challenger Drive, Alameda CA 94501.

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.

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

Income Eligibility Guidelines (IEGs)
July 1, 2018–June 30, 2019

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	$22,459	$1872	$936	$865	$432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional household member add	$7,992	$666	$333	$308	$154

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 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, (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.

Do you Need Assistance completing the Application or have questions?
Please contact, Andrea Assia 510-337-7079, 2060 Challenger Drive, Alameda CA 94501. Completed application maybe return to the School
Or mail to Food Service, 2060 Challenger Drive, Alameda CA 94501.

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

Sincerely,

James Assia
Director, Food & Nutrition Services Department

Alameda Unified School District - 2018 - 2019

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

Application For Free and Reduced-Price Meals

(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) Circle One Ethnic Identity	Circle one or more	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, Med- Cal Kin-GAP, FDPIR	ENTER Benefit Case Number
				N OR H	A W B I P		☐	$		W E T M Y		
				N OR H	A W B I P		☐	$		W E T M Y		
				N OR H	A W B I P		☐	$		W E T M Y		
				N OR H	A W B I P		☐	$		W E T M Y		
				N OR H	A W B I P		☐	$		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. Choose one or

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	☐	$ *199.98*	*W*	$ *141.65*	*Pension*	*Y*	$ *99.99*	*Child Support*	*M*	$ *550.00*	*Rental Income*	*M*		
	☐	$		$			$			$				
	☐	$		$			$			$				
	☐	$		$			$			$				
	☐	$		$			$			$				
	☐	$		$			$			$				

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 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.

This institution is an equal opportunity provider

Printed name of adult household member completing this form _____

Signature of adult household member completing this form X _____

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: $** _____

Free based on:

- CalFRESH
- CalWORKS
- KinGap
- FDPIR
- Direct Certification

Direct Certified as: H M R
Household Income
Zero Income
Foster Child Only

Denied based on:

Income Too High
Incomplete

Reduced based on:

Household Income

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

Determining Official's Signature & Date _____ _____

Confirming Official's Signature & Date _____ _____

Verification Official's Signature & Date _____ _____