National School Lunch Program/School Breakfast Program
2025–26 Letter to Households (Public Schools)

Dear Parent/Guardian:

Completing the Child Nutrition Eligibility & Education Benefit Application may qualify you for: free or reduced-price meals, Summer EBT benefits, reduced fees for other programs and activities, and help secure funding for your school district. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

REGULAR			
Grade Level	**Breakfast**	**Lunch**	**Snack**
Preschool (ELC)	$0	$0	N/A
Elementary WA HB 1238 (MTP, SKY, and STC)	$0	$0	N/A
Elementary (GW, HLC, HLD, & SUN)	$2.25	$3.75	N/A
Secondary (LSMS, NLMS, CAV, & LSHS)	$2.25	$4.00	N/A

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to Food & Nutrition Services, 12309 22nd St NE, Lake Stevens, WA 98258

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at **425-335-1561 LSSD Nutrition Office or email: foodservices@lkstevens.wednet.edu.**

USDA Child Nutrition Program Income Guidelines Effective July 1, 2025–June 30, 2026					
Household Size	**Annual**	**Monthly**	**Twice Per Month**	**Every Two Weeks**	**Weekly**
1	$28,953	$2,413	$1,207	$1,114	$557
2	$39,128	$3,261	$1,631	$1,505	$753
3	$49,303	$4,109	$2,055	$1,897	$949
4	$59,478	$4,957	$2,479	$2,288	$1,144
5	$69,653	$5,805	$2,903	$2,679	$1,340
6	$79,828	$6,653	$3,327	$3,071	$1,536
7	$90,003	$7,501	$3,751	$3,462	$1,731
8	$100,178	$8,349	$4,175	$3,853	$1,927
For each add'l family member, add:	$10,175	$848	$424	$392	$196

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1*, *2*, *3*, *4*, and *5*; *Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1* and *5*; *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

What must be on the application? *continued*

C. <u>For a family getting Basic Food/TANF/FDPIR</u>:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1*, *2*, *4*, and *5*. *Part 6* is optional.
Last 4 digits of SSN are not required for C.

D. <u>For household with a foster child(ren) and other children</u>:

Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit http://www.wahealthplanfinder.org or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office at 425-335-1561 or email foodservices@lkstevens.wednet.edu.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with John Balmer the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 425-335-1500.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

USDA Non-Discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

2025–26 Child Nutrition Eligibility & Education Benefit Application – **Lake Stevens School District**

Questions? Call LSSD Nutrition Office 425-335-1561 or email foodservices@lkstevens.wednet.edu

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: Food & Nutrition Services, 12309 22nd St NE, Lake Stevens, WA 98258; Fax: 425-335-1549; or email foodservices@lkstevens.wednet.edu.

Check here if you received meal benefits last year: ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. ☐ **Homeless** ☐ **Migrant**

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. Total Household Members (include all people living in your household): _____ **Last Four Digits of Social Security Number (SSN) of** _____ Check if no SSN: ☐

(total listed must equal number of household members listed above) **Primary Wage Earner or Other Household Member** (*Optional if only applying for Summer EBT)*

5. Contact Information & Signature – **Complete, sign, and return this application to: Food & Nutrition Services, 12309 22nd St NE, Lake Stevens, WA 98258**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member | **Adult Household Member Signature** | **E-mail Address**

Mailing Address | **City, State & Zip Code** | **Daytime Phone** | **Date**

6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black, or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give 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 social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 social security number. 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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This institution is an equal opportunity provider. Lake Stevens School District's Non-Discrimination Statement in accordance with RCW 49.60, the Lake Stevens School District does not discriminate in employment and schools. The Lake Stevens School District provides Equal Educational and Employment Opportunity without regard to race, creed, color, national origin, sex, handicap/disability, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, use of a trained dog to guide or service animal by a person with a disability, and provides equal access to the Boy Scouts and designated youth groups. The district complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Acts, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination", and RCW 28A.640 "Sex Equity", and covers, but is not limited to, all district programs, courses, activities, including extracurricular activities, services, access to facilities, etc. Inquiries regarding compliance procedures should be directed to Lake Stevens School District, 12309 22nd St NE, Lake Stevens, WA 98258, Attention: Title IX and Civil Rights Officer, John Balmer, (425) 335-1500, John_Balmer@lkstevens.wednet.edu or ADA Compliance Officer and Section 504 Compliance Officer, Jeff Jorgensen, (425) 335-1500, Jeff_Jorgensen@lkstevens.wednet.edu.

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL:
- ☐ Basic Food/TANF/FDPIR/Foster
- ☐ Income Household
- ☐ Total Household Size _____
- ☐ Total Household Income $_____

Weekly	Bi-Weekly	2x per Month	Monthly	Annual
☐	☐	☐	☐	☐

APPLICATION APPROVED FOR:
- ☐ Free Eligible
- ☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE:
- ☐ Income Over Allowed Amount
- ☐ Other: _____
- ☐ Incomplete/Missing Information

_____ Date Notice Sent

_____ Signature of Approving Official

_____ Date

LAKE STEVENS SCHOOL DISTRICT
Food & Nutrition Services

12309 22nd ST NE, Lake Stevens, WA 98258 | *Office*: 425-335-1561 | Fax: 425-335-1549 Email: foodservices@lkstevens.wednet.edu

Parent / Guardian Release of Student Eligibility for School Year 2025-2026

Dear Parent or Guardian:

If you would like to have your student(s) current school year free or reduced eligibility shared with school officials in order to receive additional reduced program fees in our district, please return this form directly to our Food & Nutrition Office via mail, fax or email. Your student may not have the option for a reduction of fees until this form is received and processed by our office. This is an annual process.

Student Name (Please Print)**:** _____ **Date of Birth:** _____ **School:** _____

Student Name (Please Print)**:** _____ **Date of Birth:** _____ **School:** _____

Student Name (Please Print)**:** _____ **Date of Birth:** _____ **School:** _____

Student Name (Please Print)**:** _____ **Date of Birth:** _____ **School:** _____

Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced-price meal status with, in order to qualify for a reduction in fees:

☐ **YES! Please share my student(s) eligibility status for LSSD InTouch Reduced Program Fees** (Chromebook Protection Plan, AP Testing, Summer School, ASB Cards, ASB Dances, ASB Competitions, ASB Conferences, ASB Plays, ASB Home Games, ASB Uniforms, ASB Field Trips, ASB Dues) **InTouch** is our district online fee payment system.

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.

_____ _____
Parent/Guardian Signature* (*required for benefit) **Date**

☐ **No thanks**! Please **do not** share my student(s) eligibility status. If you have any questions regarding eligibility benefit, please contact the Nutrition Office at 425-335-1561.

Otros beneficios – Marque el casillero delante de los programas con los que desea compartir la categoría de comida gratuita o a precio reducido de su hijo para obtener una reducción del precio:

☐ **Si! Por favor comparta el estado de elegibildad de mi (s) estudiante (s) para las tarifas reducidas del programa LLSD InTouch** (plan de proteccion de Chromebooks; examenes AP, escuela de verano, tarjetas ASB, bailes ASB, competencias ASB, conferencias ASB, juegos ASB, juegos en cases ASB, uniformes ASB, Viajes, cuotas de ASB)

Al firmar a continuación, dejo que la información contenida en esta solicitud sea compartida con el otro programa (s) que he indicado.

_____ _____
Firma Padre/ tutor **Fecha**

☐ **No, gracias! Por favor, no comparta el estado de elegibilidad de mi (s) estudiante (s).** Si tiene alguna pregunta sobre los beneficios de elegibilidad, comuniquese con la Ofician de Nutricion al 425-335-1561 **En Español con la Sra. Nora Jimenez Gonzalez al 425 335-1565**.

This institution is an equal opportunity provider. **7/2025**