



Dear Parent or Guardian:

The State of California and the Piedmont Unified School District receive additional funding from the federal government for students whose family income qualifies for the National School Lunch Program and School Breakfast Programs. More importantly, the District provides additional benefits and services to qualifying students. If eligible and with your consent, your student will receive reduced or waived fees for the SAT, Yearbook, School Events and Transportation Passes. **If you are eligible, please complete the attached application to ensure that you and your student receive all eligible benefits.** You or your children do not have to be United States citizens to qualify. You need to only submit one application per household. Income guidelines can be found at the end of this letter.

### **Income Eligibility Guidelines**

If your family qualifies for free and reduced lunch status, your children may qualify for other benefits, and the District will be reimbursed differently. If your household income falls at or below the federal Income Eligibility Guidelines below, you qualify for free and reduced lunch status. If there are more household members than the number of lines on the application, attach a second application.

### **Applying for Benefits**

An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

### **Direct Certification**

An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

### **Verification**

School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

### **Women, Infants, and Children (WIC) Participants**

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be eligible for free or reduced-price meals by completing an application.

### **Homeless, Migrant, Runaway, and Head Start**

Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are eligible for free meals. Please contact school officials for assistance at (510) 594-2600.

## Foster Child

The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

## Fair Hearing

If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing to the following: Office of the Superintendent, 760 Magnolia Avenue, Piedmont, CA 94611.

## Eligibility Carryover

Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send a reminder or expired eligibility notices.

## How to Apply for Free or Reduced-Price Meals

Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

- 1. Student Information**—Include **all students** who attend Piedmont Unified School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the **Foster** box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable **Homeless, Migrant, or Runaway** box and complete all **STEPS** of the application.
- 2. Assistance Programs**—If **any** household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.
- 3. Report Income for all Household Members**—Must report **gross** income (before deductions) from **all** household members (children and adults) in whole dollars. Enter **0** for any household member that does not receive income. Report the combined **gross** income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and non-foster children on the same application.
  1. Print the names (first and last) of **all other** household members not listed in STEP 1, including yourself.
  2. Report the total **gross** income from each source and enter the appropriate pay period.
  3. Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3.
  4. Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the **NO SSN** box.
- 4. Contact Information and Adult Signature** —The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

## Optional – Children's Ethnic and Racial Identities

This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

**Consent for Eligibility Status (not specific income information) to be given to School Principals only.**  
Failing to sign consent will not affect eligibility or participation for the program

## **Submit**

**Please submit a complete application to the Director of Nutrition Services at Piedmont Unified School District, 760 Magnolia Avenue, Piedmont, CA 94611.**

**Questions or Assistance Please contact Gitara Spinks at [Gspinks@piedmont.k12.ca.us](mailto:Gspinks@piedmont.k12.ca.us)**

## **Piedmont Unified School District Nutrition Services-USDA Nondiscrimination Statement**

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, audiotope, 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](#) (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;
2. fax: 833-256-1665 or 202-690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**

**Free Eligibility Scale Meals, Snacks and Milk**

<b>Household Size</b>	<b>Year</b>	<b>Month</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Week</b>
<b>1</b>	\$ 20,748	\$ 1,729	\$ 865	\$ 798	\$ 399
<b>2</b>	\$ 28,132	\$ 2,345	\$ 1,173	\$ 1,082	\$ 541
<b>3</b>	\$ 35,516	\$ 2,960	\$ 1,480	\$ 1,366	\$ 683
<b>4</b>	\$ 42,900	\$ 3,575	\$ 1,788	\$ 1,650	\$ 825
<b>5</b>	\$ 50,284	\$ 4,191	\$ 2,096	\$ 1,934	\$ 967
<b>6</b>	\$ 57,668	\$ 4,806	\$ 2,403	\$ 2,218	\$ 1,109
<b>7</b>	\$ 65,052	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
<b>8</b>	\$ 72,436	\$ 6,037	\$ 3,019	\$ 2,786	\$ 1,393
<b>For each additional family member, add:</b>	\$ 7,384	\$ 616	\$ 308	\$ 284	\$ 142

**Reduced-Price Eligibility Scale Meals, Snacks and Milk**

<b>Household Size</b>	<b>Year</b>	<b>Month</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Week</b>
<b>1</b>	\$ 29,526	\$ 2,461	\$ 1,231	\$ 1,136	\$ 568
<b>2</b>	\$ 40,034	\$ 3,337	\$ 1,669	\$ 1,540	\$ 770
<b>3</b>	\$ 50,542	\$ 4,212	\$ 2,106	\$ 1,944	\$ 972
<b>4</b>	\$ 61,050	\$ 5,088	\$ 2,544	\$ 2,349	\$ 1,175
<b>5</b>	\$ 71,558	\$ 5,964	\$ 2,982	\$ 2,753	\$ 1,377
<b>6</b>	\$ 82,066	\$ 6,839	\$ 3,420	\$ 3,157	\$ 1,579
<b>7</b>	\$ 92,574	\$ 7,715	\$ 3,858	\$ 3,561	\$ 1,781
<b>8</b>	\$ 103,082	\$ 8,591	\$ 4,296	\$ 3,965	\$ 1,983
<b>For each additional family member, add:</b>	\$ 10,508	\$ 876	\$ 438	\$ 405	\$ 203

