

AGUA FRIA UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. **Agua Fria Union High School District** offers healthy meals every school day. School Year 26/27, AFUHSd will be participating in the School Breakfast Program and National School Lunch Program. To qualify for free or reduced price meals, students must submit a 26/27 Meal Benefit

Application

Students may purchase additional reimbursable meals and/or ala carte items.

We encourage **ALL** parents/guardians to complete a Meal Benefit Application .

Benefits of a completed and approved Meal Benefit Application:

1. Free/reduced school meals.
2. Reduced Sports Fees
3. Reduced testing Fees
4. Reduced dual college tuition fees
5. Reduced or waved fees for Internet Service
6. Reduced or waved fees for Phone Carriers
7. Additional program funds for your school

Students who may qualify for free meal status NOT based on Household Income:

- a. All children in households receiving benefits from SNAP, FDIPIR (Food Distribution Program on Indian Reservations) or TANF, can qualify for free meals regardless of your income.
- b. Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- c. Children participating in their school's Head Start Program are eligible for free meals.
- d. Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

Federal Eligibility Income Chart for 2026-2027			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$ 29,748	\$ 2,461	\$ 568
2	\$ 40,034	\$ 3,337	\$ 770
3	\$ 50,542	\$ 4,212	\$ 972
4	\$ 61,050	\$ 5,088	\$ 1,175
5	\$ 71,558	\$ 5,964	\$ 1,377
6	\$ 82,066	\$ 6,839	\$ 1,579
7	\$ 92,574	\$ 7,715	\$ 1,781
8	\$ 103,082	\$ 8,591	\$ 1,983
Each additional person:	\$ 10,508	\$ 876	\$ 203

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Director of Federal Programs at 623 932-7000**.

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to **Maria Machain 1481 N Eliseo Felix Jr. Way. Avondale, AZ 85323, you may also fax to 623-932-7018**.

- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **623-932-7113 (bilingual)** immediately.

- CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.aguafria.org to begin.

- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? **YES**. Your child's application is only good for that school year and for the first few days of this school year through **September 19, 2026**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to Noemi Cabrales 1481 N ELISEO FELIX JR. WAY SUITE 110. AVONDALE AZ 85323
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. 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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **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.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Maria Machain 1481 N. Eliseo Felix Jr. Way Suite 110 Avondale, AZ 85323. 623-932-7113, mmachain@aguafria.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **623-932-7009 or 623-932-7113**.

Sincerely,

Barbara Duncan
Agua Fria Union High School District
Food Services Director

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, (including gender identity and sexual orientation), 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.

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, (including gender identity and sexual orientation), 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 Form (AD-3027) found online at: www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, 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'
3. 3. email: Program.Intake@usda.gov

The CNP operator shall accept all complaints of discrimination, whether written or verbal, relating to the Child Nutrition Programs that are filed within 180 days of the allege discrimination. The CNP operator shall handle all anonymous complaints in the same manner as other complaints. Records shall be kept of all complaints and forwarded to:

Ms. Melissa Conner, Associate Superintendent
Arizona Department of Education, Health & Nutrition Division
1535 West Jefferson Avenue, Bin #7
Phoenix, AZ 85007

This institution is an equal opportunity provider.

Good nutrition is important to learning. Students behave better, have longer attention spans and are more eager to learn when they eat healthy meals. AFUHSD Food & Nutrition Services wants to ensure all AFUHSD students are ready to focus on their lessons every day.

The stigma of the “traditional school lunch” is challenging to overcome, but AFUHSD Food & Nutrition Services is working hard to provide exciting menu options, and improve food choice and quality. Our goal is to provide high quality food choices that meet nutritional guidelines.

The 2026-2027 school year, AFUHSD will participate in the Meal Benefit Program (Free & Reduced Meals)

Breakfast Paid = \$2.75

Breakfast Reduced = \$0.00

Lunch Paid = \$4.00

Lunch Reduced = \$0.00

Your student may qualify for free or reduced breakfast and lunch.

You can apply online at www.aguafrica.org
or you can download a paper application and return to your student's cafeteria.

Families who qualify for Free/Reduced school meals may also qualify for:

Discounted rates on phone service.

Maintain funding for student programs and services.

Reduced registration fees for AP, SAT and/or ACT tests.

Discounted fees to participate in most sports.

Discounted rates on fees associated with applying for college.

Eligible for discounted rates on INTERNET services.

If you have any questions regarding the Meal Benefit Application or school meal service,
please contact AFUHSD Food Service Department at: foodservices@aguafrica.org
or call 623.932.7000.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in **Agua Fria Union High School District**. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact **Maria Machain 623-932-7113, mmachain@aguafria.org**.

Please **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2**.

STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and **go to STEP 3**.

STEP 3- HOUSEHOLD INCOME INFORMATION

- A. Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security - Disability payments - Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

B. Adult Household Members and Income- Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP1.** List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) For military families: - Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

The back of this application provides the same Sources of Income charts.

C. Total number of household members and SSN.

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled “Check if no SSN.”

STEP 4- Contact information and adult signature

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be mailed, or delivered to: **1481 N Eliseo Felix Jr. Way Suite 110 Avondale, AZ 85323.**

OPTIONAL INFORMATION

The back of this application provides a section for you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

This institution is an equal opportunity provider.

CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

**For the following programs, we must have your permission to share your information.
Sending in this form will not change whether your children get free or reduced-price meals.**

☐ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Services Testing Fees**.

☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Educational Services Athletics Fees**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call **Maria Machain** at **623-932-7113** or e-mail at **mmachain@aguafria.org**.

Return this form with your free and reduced application.

This institution is an equal opportunity provider.

Child Nutrition Programs

Income Eligibility Guidelines

Effective July 1, 2026 – June 30, 2027

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Effective July 1, 2026 – June 30, 2027

For Determining Official's Use Only

Household Size*	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	399	568	798	1,136	865	1,231	1,729	2,461	20,748	29,526
2	541	770	1,082	1,540	1,173	1,669	2,345	3,337	28,132	40,034
3	683	972	1,366	1,944	1,480	2,106	2,960	4,212	35,516	50,542
4	825	1,175	1,650	2,349	1,788	2,544	3,575	5,088	42,900	61,050
5	967	1,377	1,934	2,753	2,096	2,982	4,191	5,964	50,284	71,558
6	1,109	1,579	2,218	3,157	2,403	3,420	4,806	6,839	57,668	82,066
7	1,251	1,781	2,502	3,561	2,711	3,858	5,421	7,715	65,052	92,574
8	1,393	1,983	2,786	3,965	3,019	4,296	6,037	8,591	72,436	103,082
Additional members add:	142	203	284	405	308	438	616	876	7,384	10,508

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52	Bi-Weekly Income x 26	2x Month Income x 24	Monthly Income x 12
--------------------	-----------------------	----------------------	---------------------

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion → \$200 x 52 = \$10,400 Total Annual Income

\$3,000 monthly x Monthly Income Conversion → \$3,000 x 12 = \$36,000 Total Annual Income

The incomes are then together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

There are four listed names on their income eligibility form – demonstrating a household size of four. The annual income cap for a household of four to be free is \$42,900 and reduced is \$61,050. This household's annual income is \$46,400 – greater than \$42,900, less than \$61,050. Therefore, this household qualifies for reduced-price meals.

Programas de Nutrición Infantil

Pautas de Ingresos

Efectivo 1 julio 2026 – 30 junio 2027

Las siguientes son las pautas de ingresos que deben utilizar los operadores del programa de nutrición infantil al procesar las solicitudes de elegibilidad de ingresos por beneficios de comidas utilizando ingresos reportados.

Efectivo 1 julio 2026 – 30 junio 2027
Para uso exclusivo del funcionario determinante

Tamaño de Hogar*	La frecuencia en que se recibe el ingreso									
	Semanal		Quincenal		2 veces al Mes		Mensual		Anual	
	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido	Gratis	Reducido
1	399	568	798	1,136	865	1,231	1,729	2,461	20,748	29,526
2	541	770	1,082	1,540	1,173	1,669	2,345	3,337	28,132	40,034
3	683	972	1,366	1,944	1,480	2,106	2,960	4,212	35,516	50,542
4	825	1,175	1,650	2,349	1,788	2,544	3,575	5,088	42,900	61,050
5	967	1,377	1,934	2,753	2,096	2,982	4,191	5,964	50,284	71,558
6	1,109	1,579	2,218	3,157	2,403	3,420	4,806	6,839	57,668	82,066
7	1,251	1,781	2,502	3,561	2,711	3,858	5,421	7,715	65,052	92,574
8	1,393	1,983	2,786	3,965	3,019	4,296	6,037	8,591	72,436	103,082
Miembros Adicionales Agregue:	142	203	284	405	308	438	616	876	7,384	10,508

*El tamaño del hogar debe ser respaldado por la cantidad de nombres que figuran en la solicitud de elegibilidad de ingresos por beneficios de comida

Conversión de ingresos anuales para ingresos múltiples reportados:

Si un hogar reporta solo un ingreso o ingresos múltiples con la misma frecuencia, no lo convierta en ingreso anual. Si un hogar reporta múltiples fuentes de ingresos con diferentes frecuencias. (Por ejemplo, 1 ingreso se recibe semanalmente, otro ingreso se recibe mensualmente.) Convierta todos los ingresos reportados a anuales utilizando los factores de conversión a continuación. Luego, sume los ingresos y compárelos con las pautas de ingresos anuales para tomar una determinación.

Ingresos semanales x 52	Ingresos quincenales x 26	Ingresos 2 veces al mes x 24	Ingresos mensuales x 12
-------------------------	---------------------------	------------------------------	-------------------------

Ejemplo: Un hogar ha devuelto su solicitud de elegibilidad de ingresos para beneficios de comidas. Las personas inscritas no son categóricamente elegibles, entonces deben clasificarse según los ingresos. En su solicitud, reportaron dos ingresos: \$200 semanales, y \$3,000 mensuales. Para determinar su estado de elegibilidad, sus ingresos deben convertirse en ingresos anuales.

\$200 Semanales x Conversión semanal de ingresos → $200 \times 52 = \$10,400$ Ingreso anual total

\$3,000 Mensuales x Conversión mensual de ingresos → $3,000 \times 12 = \$36,000$ Ingreso anual total

Los ingresos luego se suman para determinar el ingreso anual total. Ingreso Total: $\$10,400 + \$36,000 = \$46,400$

Hay cuatro nombres enumerados en su solicitud de elegibilidad de ingresos y beneficios de comida, lo que demuestra el tamaño de un hogar de cuatro. – El límite de ingreso anual para que un hogar de cuatro personas sea gratis es de \$42,900 y reducido es de \$61,050. Los ingresos anuales de este hogar son \$46,400, mayores que \$42,900, pero menores que \$61,050. Por lo tanto, este hogar califica para comidas a precio reducido.

2026-2027 Application for Free and Reduced Price School Meals Complete one application per household per school district.

Please use a pen (not a pencil). AFUHSD

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	
				Check all that apply Foster Child Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income

\$

How often?

Weekly

Bi-Weekly

2x Month

Monthly

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					
	\$					\$				\$					

C. Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X

X X

 Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: 1481 N Eliseo Felix Jr. Way Suite 110 Avondale, AZ 85323

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form Today's date

Printed name of adult completing the form Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

OFFICE USE ONLY

☐Error Prone

Eligibility: Free___ Reduced___ Denied___

Determining Official's Signature: _____ Date: _____

☐Case # Application ☐Foster Application ☐Directly Certified: Date of Disregard: _____

☐Income Application

Household Size: _____

Total Income: _____ Per: ☐Week ☐Bi-Weekly (Every 2 Weeks) ☐2x Month ☐Monthly ☐Annual

☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments -Survivor Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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 (SNAP), 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.

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.

Dear Foster Parents,

Welcome to 2026-27 school year at Agua Fria Union High School District! We look forward to a healthy and successful school year with your children. With the start of a new school year, we wanted to remind you about school meals for your family.

Foster Children Eat for Free

A child in foster care, who is formally placed by a court or foster agency, can receive free school meals for the entire school year. If the school knows about your foster child, the child should already be getting free meals. If your foster child is not eating for free or you were not notified that he or she can receive free meals, you may apply for free school meals for your foster child at any time by contacting Barbara Duncan, AFUHSD Director of Food Service

Meals for Other Children in Your House

Foster parents who apply for school meals may include both a foster child and their other children on the same application. Including a foster child on the same application as your other children will increase your house size, which may help your other children eat for free. But even if your other children cannot get free meals, your foster child can still get free school meals.

When a Foster Child Moves

If your family moves or your foster child moves to a new school, he or she can still get free meals. If you are in the same school district you do not have to do anything for your foster child to continue to get free meals. If you move to another school district, your foster child can still get free meals but you may need to reapply to continue or start school meal benefits. If your foster child stops getting free meals when you move, please let the school know as soon as possible.

If you have questions about the school meal program, please contact Barbara Duncan at 623-932-7009. We look forward to working together to ensure your children receive nutritious meals this school year.

Sincerely,
Barbara Duncan
AFUHSD Director of Food Service

Free and Reduced Meals

Frequently Asked Questions

1. **What does the term “Free or Reduced Meals” mean?**

Any child at a participating school may purchase a meal through the National School Lunch Program. Children from families with income at or below 130 percent of the poverty level are eligible for free meals. Those with income between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charge no more than 40 cents.

2. **How do I apply for meal assistance?**

There are 2 different options for applying for free or reduced meal assistance. Option #1 is for your household to complete a paper meal application. Paper applications are available at the AFUHSD District Office, and in the cafeteria of your students’ school. Completed paper application must be turned into the AFUHSD District Office, Food Service Department or to the cafeteria of your students’ school. Option #2 is to complete an online meal application. To apply online go to www.aguaafia.com and follow the prompts. Eligibility determinations will be made and notification letter will be mailed home within 10 operating days of receipt of application.

3. **My child received meal assistance last year. Do I need to apply again this year?**

Yes. Households must apply every year to determine if they are eligible. Federal income guidelines change every year, and it is likely that most household situations change each year. To avoid interruption in meal benefits while a new applications are processed, student eligibility is carried over temporarily from the previous school year until the new application can be processed in the new school year. Once the new application is processed, the eligibility that is determined will be in effect immediately.

4. **What are the Eligibility Guidelines and have they changed from last school year?**

The Income Eligibility Guidelines (IEGs) are used in determining eligibility for free and reduced price meals. These guidelines are used by schools, institutions, and facilities participating in the National School Lunch Program. They are effective from July 1 through June 30 every year. The eligibility guidelines have changed from last year. Schools and institutions will use the IEGs published by the Food and Nutrition Department of the USDA, in making eligibility determinations for free and reduced price meals for the current school year.

5. **Do I need to fill out an application for each child?**

No. Complete ONE application per household **per school district**.

6. **Who can receive free meals?**

There are several ways that your children may be eligible for free meals:

- If your household income to household size ratio is within the free limits on the Federal Income Guidelines your children may be eligible for free meals.
- If one member of your household is currently receiving assistance (benefits) from SNAP, TANF or FDPIR all children in the household are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are

eligible for free meals. You may list your foster children on the same application as non-foster children; however, you must check the box that specifies which children are foster children. A meal application for foster children is not needed if you have the appropriate documentation from a state or local entity stating the child is a foster child.

- Children that meet the definition of homeless, migrant or runaway are eligible for free meals. To see if your children qualify by this definition, contact the AFUHSD Homeless/Migrant Social Worker.

7. Who can receive Reduced-price meals?

Your children can receive low cost meals if your household income is within the reduced price limits on the Income Eligibility Guidelines. You need to complete a meal application and list all household members and all GROSS income received to the household in order to apply for reduced price meals.

8. I receive WIC benefits. Can my child get free meals?

Children in households participating in WIC may be eligible for reduced price or free meals. Fill out a meal application to apply.

9. Do I need to provide proof of income when applying?

No. Only in the case that you are asked for proof of income should you submit it.

10. Will the information I give be checked?

Yes, we may ask you to send written proof of the information you give. We have the right to request proof of income at any time. In addition, it is required by the state of Arizona that random checks be performed in order to verify a family's eligibility.

11. What income is required to report on the meal application?

You are required to report ALL GROSS (before deductions) income/benefits from the following categories:

- Work/Salaries/Tips
- Strike benefits
- Unemployment compensation
- Workman's compensation
- Welfare Payments
- Child Support
- Alimony payments
- Public assistance payments
- Social Security
- Estates/Trust/Investments
- Veteran payments
- Disability benefits
- Pensions/Retirement income
- Interest/Dividends/Royalties/Annuities
- Rental property income
- Net income from self-owned businesses or farms
- Regular monetary contributions from friends or other family members not living in the household
- Cash withdraw from checking/savings account
- Any other income received to the household that could be used to pay for your child's meals.

12. What if my income is not always the same?

You must report income that you normally receive BEFORE deductions. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, report that you receive \$1,000 per month. If you are normally paid for overtime, include it. If you are self-employed or a seasonal worker, please contact the AFUHSD Director of Food Service for further instructions.

13. Who should I include as member of my household?

You must include all people living in your household, related or not related (such as boyfriends, girlfriends, grandparents, friends, etc.) who share income/expenses. A "household" is defined as "..., a group of related or non-related individuals, who are not residents of an institution or boarding house, but who are living as one economic unit, and who share housing and/or significant income and expenses of its members."

14. Why must I list All Household Members?

The consideration for approval of an application is based on the number household members and gross income; therefore, it is required to list the total number of household members.

15. Why do I need to fill out the last 4 digits of my Social Security Number and sign the application?

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. These two sections are required fields and it is very important that these sections be completed. If this information is not completed, the application will be returned to the applicant.

16. If I have a student living at home that goes to a private school, charter school, public school in different school district, should I include them on the application?

Do not list these children in Part 1 of the meal application. Only list children in Part 1 who actually attends school within AFUHSD. You SHOULD list these children (children that attend other schools) as household members in Part 4 of the meal application though.

17. May I apply if someone in my household is not a US Citizen?

Yes. You or your children do not have to be a US Citizen to qualify for free or reduced price meals.

18. If I don't qualify now, may I apply later?

You may apply for free or reduced meals at any time during the school year. You may qualify if your household size increases, your income decreases, someone in your household becomes unemployed or you start receiving SNAP, TANF or FDPIR.

19. What if I disagree with the decision about my application?

You should first contact the AFUHSD Food Service Department to see if an error was made during the processing of your application. After your application has been checked for error, if you still feel the decision is unfair, you have the right to a fair hear. You may request an appeal by contacting the Business Manager at AFUHSD.

20. I am in need of assistance, but am concerned that my child may get embarrassed if the teachers or other students learn that we are on assistance.

AFUHSD considers student's free or reduced meal eligibility strictly confidential. The only individuals that have access to a child's meal status are the Nutrition Services administrators

processing the meal applications and approved school administrators. When a student receives their meal in the cafeteria line, there is nothing on the point of sale machine that indicates the student is free or reduced. The most confidential way of applying for assistance is to apply online for meal benefit assistance.

21. Are applications available in other languages?

Yes. Applications are available in English and Spanish. Applications may also be available in other languages upon request.

22. If my family receives SNAP, TANF or FDPIR benefits do my children automatically receive free meals at school?

No. You must fill out a meal application and list your case number in the section for SNAP, TANF, FDPIR. Your case number is the number required and it can be found on your benefit letter.

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, (including gender identity and sexual orientation), 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, audiotope, 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 Form (AD-3027) found online at: www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, 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'

3. 3. email: Program.Intake@usda.gov

The CNP operator shall accept all complaints of discrimination, whether written or verbal, relating to the Child Nutrition Programs that are filed within 180 days of the allege discrimination. The CNP operator shall handle all anonymous complaints in the same manner as other complaints. Records shall be kept of all complaints and forwarded to:

*Ms. Melissa Conner, Associate Superintendent
Arizona Department of Education, Health & Nutrition Division
1535 West Jefferson Avenue, Bin #7
Phoenix, AZ 85007*

This institution is an equal opportunity provider.

**For all other questions contact:
AFUHSD Food Service Department
1481 N Eliseco Felix Jr Way
Avondale, AZ 85323
623-932-7009**