

TAMALPAIS UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian:

Tamalpais Union High School District participates in the National School Lunch Program and School Breakfast Program by offering healthy meals every school day. Your children may qualify for free or reduced-price meals by completing the Application for Free and Reduced-Price Meals. Eligible students may receive meals at the reduced-price rate of **\$0.00** for lunch and **\$0.00** for breakfast. The guidelines described below apply to the federally-funded meals programs. Under California's Universal Meals Program, all students may receive a free breakfast and free lunch.

You may apply for meal benefits by paper application available at your school office, or online at <https://www.schoolcafe.com/TUHSD>.

1. WHO CAN RECEIVE FEDERAL FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from CalFresh, CalWORKs, or FDPIR are eligible for free meals.
- Foster children under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children who meet the definition of homeless, migrant, or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines - July 1, 2026 – June 30, 2027

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

2. 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 have not been told your children will qualify for free meals, please call or email **Ben Guyton at 415-945-1035, bguyton@tamdistrict.org**.

3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?

No. Complete **one** Application for Free and Reduced-Price Meals 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 your school or mail to: **TUHSD, Nutritional Services, 333 Doherty Drive, Larkspur, CA 94939**

4. SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please contact **Ben Guyton at 415-945-1035, bguyton@tamdistrict.org**.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes, if you want to participate in the meal program. Your child's Application is only good for one school year at a time and for the first few days of the following school year. You must send in a new Application by **October 1, 2026** 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 (\$0.00).

6. I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILDREN RECEIVE FREE MEALS?

Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please complete an Application.

7. WILL THE INFORMATION I PROVIDE BE CHECKED?

Yes. School officials may verify the information on the Application at any time during the school year. You may be asked to send additional information to prove your income, or current eligibility for CalFresh, CalWORKS, or FDPIR.

8. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?

Yes, you can apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may be eligible for free and reduced-price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?

You should talk to the school officials. You may also ask for a hearing by calling or writing to: **Corbett Elsen, Assistant Superintendent of Human Resources 395 Doherty Drive, Larkspur, CA 94939**

10. 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.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, enter on the Application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.

12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

All household members must be included on the Application even if the individual does not receive income. Whenever this happens, please write a "0" in the income field. However, if any income fields are left empty or blank, the income will be counted as zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.

13. 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.

14. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for other assistance benefits, contact your local assistance office, (415) 473-6907.

If you have other questions or need help, please contact **Ben Guyton at 415-945-1035, bguyton@tamdistrict.org**.

Sincerely,

Ben Guyton

Director of Student Nutritional Services

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

School Year 2026–27 Tamalpais Union High School District Application for Free and Reduced-Price Meals Complete one application per household.Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at <https://www.schoolcafe.com/TUHSD>. This institution is an equal opportunity provider.**California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal 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.****STEP 1 – STUDENT INFORMATION**Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster	Homeless	Migrant	Runaway
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIRDo ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	☐ CalFresh ☐ CalWORKs ☐ FDIPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly										Total Student Income		How Often	
										\$			
B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income . For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly													
Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often							
	\$		\$		\$								
	\$		\$		\$								
	\$		\$		\$								
	\$		\$		\$								
C. Total Household Members (Children and Adults)				D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member						If NO SSN, check this box. ☐			

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: 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 this application:		
Print Name:		
Date:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
E-mail:		

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly				Total Household Income			
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12				\$			
Total Household Size	Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied)			☐ Categorical			
	Verified as: ☐ Homeless ☐ Migrant ☐ Runaway			☐ Error Prone			
Determining Official's Signature:				Date:			
Confirming Official's Signature:				Date:			
Verifying Official's Signature:				Date:			

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL 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		