Letter to Household for Free and Reduced-Price Meals

School Year 2026-2027

Dear Parent or Guardian:

Ross School participates in the National School Lunch Program and/or School Breakfast Program. At **Ross School** , all students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are determined by household income and eligibility. We are able to serve free meals because households continue to submit meal applications, and your cooperation is greatly appreciated. You or your children do not have to be U.S. citizens to be considered eligible for free meals. If there are more household members than the number of lines on the application, attach a second application.

Qualification

Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

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

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 considered 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 considered eligible for free meals. Please contact school officials for assistance at **(415) 457-2705**.

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 nonfoster children on the same application and must report any personal income earned by the foster child. If the nonfoster children are not considered eligible, this does not prevent a foster child from being considered eligible for 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 **Dr.Kimberly McGrath, 277 A Karen Way, Belvedere Tiburon, CA 94920, (415) 381-1112**.

Eligibility Carryover

Your child's eligibility status from the previous school year will continue into the new school year for up to 30 school days or until a new determination is made. School officials are not required to send a reminder or expired eligibility notices.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, 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.

USDA is an equal opportunity provider, employer, and lender.

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** (this includes all students enrolled in or out of the district within the household and the application should differentiate if the students attend different schools, if applicable) 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 considered 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 nonfoster children on the same application.

   Print the names (first and last) of **all other** household members not listed in STEP 1, including yourself. Report the total **gross** income from each source and enter the appropriate pay period.

   Enter the total household size (children and adults). This number **must** equal the listed household members from STEP 1 and STEP 3.

   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.

Information Statement

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 meal benefits. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have an SSN by selecting the checkbox. 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.

Questions or Assistance-

Please contact **Shaghayegh Farasati** at **(415) 381-1112**.

Submit

Please submit a complete application to your child's school or the nutrition office at **9 Lagunitas Rd. Ross, CA 94957**. You will be notified if your application is approved or denied for free or reduced-price meal benefits.

Sincerely,

Ross School

School Year 2026-2027 Ross School 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. 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 FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? **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:** ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**	**Enter Case Number:**

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

Check the box if NO SSN ☐

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
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

Total Household Income: $

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