

**FREE and REDUCED MEAL APPLICATION**  
**INSTRUCTIONS FOR APPLYING**

*Household means a group of related or nonrelated individuals who are living as one economic unit. CFR 245.2*

- **PARENTS ARE RESPONSIBLE TO PAY FOR MEALS UNTIL THE APPLICATION IS APPROVED.**
- **ONE APPLICATION PER FAMILY.**

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (CALFRESH) (CALWORKS), OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:**

Section A:

- List all household children, the name of school for each child.
- List the case number for any household member (including adults) receiving SNAP/CALFRESH, TANF/CALWORKS, FDPIR or CALWORKS benefits. If your household does not have a case number then follow Section B.

Section B:

- Skip this Section. Complete this Section, only if your household does not have a case number listed in Section A.

Section C:

- Sign the form. List last four digits of your Social Security Number or check the box that you do not have a SSN.
- List your address and we will mail you the Letter of Eligibility.

**IF NO ONE IN YOUR HOUSEHOLD GETS STATE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (CALFRESH) (CALWORKS) (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS:**

Section A:

- List all household children, the name of school for each child, and grade.
- If any child you are applying for is homeless, migrant, or a runaway call your child's school.

Section B:

- Complete this Section.

Section C:

- Sign the form and list the last four digits of your Social Security Number (or mark the box if you don't have one).
- List your address and we will mail you the Letter of Eligibility.

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

Section A:

- List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Section B:

- Skip this Section.

Section C:

- Sign the form.
- List last four digits of your Social Security Number or check the box that you do not have a SSN.
- List your address and we will mail you the Letter of Eligibility.

**If some of the children in the household are foster children:**

Section A

- List all household children and the name of school for each child.
- Check the box if the child is a foster child.
- If the household does not have a case number, skip this part.

Section B

- If the household has a case number list in Section A then Skip Section B. Otherwise complete Section B.

Section C

- Adult household member must sign the form and list the last four digits of their Social Security Number

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Parent's may pay for their child(ren)'s meals in advance in their school cafeteria or parents may pay for meals using their visa or master card by logging onto [www.ycusd.k12.ca.us](http://www.ycusd.k12.ca.us) and setting up payment online using mySchoolbucks.com.

- **Set up automatic email reminders to tell you when a payment is needed.**
- **Make payments for all your children, even if they attend different schools.**
- **View your child's cafeteria purchases.**
- **Easily make payments with Visa, MasterCard, Discover, or Electronic Checks.**

Dear Parent or Guardian:  
 The **Yuba City Unified School District** takes part in the National School Lunch and/or school Breakfast Programs. Meals are served every school day at participating schools. At Park Avenue and Bridge Street School, **Lunches and/or Breakfasts are served at NO CHARGE** to each child every school day. Students may buy lunch for **\$2.25** elementary schools, **\$2.75** at intermediate schools, **\$3.00** at the high schools and /or breakfast for **\$1.00** at elementary schools and **\$1.25** at intermediate schools and the high schools. Eligible students may receive meals free or at the reduced price of **.40c** for lunch and or **.30c** for breakfast. Students may buy milk for **.50c**. The meal programs we participate in are supported by federal and State reimbursements that are based on household income and eligibility. We are able to serve meals at no charge at most of (or all of) our schools solely because households continue to submit meal applications. If your child attends a school participating in a "pricing" meal program within our district, then a meal application is required to receive meals free or at a reduced-price. In either case, we ask that you continue to support this program, and complete and return the enclosed application using the guidelines below. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.

**TERMS**—"Household" means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. "Living expenses" include rent, clothes, food, doctor bills, utility bills, etc. **SOCIAL SECURITY NUMBER (SSN)**—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the "I do not have a SSN box." If you have listed a CalFresh, CalWORKS, Kin-GAP, or FDIPIR case number for the child, or if the Application is for a foster child, an SSN is not required of the adult signing the Application. **DIRECT CERTIFICATION**—This school/agency currently receives benefits from one of the following programs: CalFresh (previously Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKS), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR). DO NOT complete a meal Application. School officials will notify you of your children's eligibility for free meals. If you are not contacted by **September 13, 2014** but think your children are eligible for free meals, please contact the school. You may need to complete an Application. **MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN**—To apply complete the Application for Free and Reduced-Price Meals, sign it, and return it to the school. Households must complete an Application when EACH child who does not have a case number or/and is not a foster child. **FDPIR BENEFITS**—Households participating in the FDPIR are categorically eligible for free meals/milk. The FDPIR is authorized by Section 4(b) of the Food Stamp Act of 1977. Under this section, eligible households may elect to participate in either the CalFresh Program or the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as CalFresh households. **FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—who are the legal responsibility of a welfare agency or court.** Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as a household member, which may help the foster family's non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster's income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN. **INCOME HOUSEHOLDS**—To apply, Complete the Application for Free and Reduced-Price Meals. Follow the instructions on the Application and see the Income to report chart on the right, sign it, and return it to the school.

**MILITARY HOUSING INCOME**—If you are in the *Military Housing Privatization Initiative* or get combat pay, DO NOT include these allowances as income. You do report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member's income made available by them or on their behalf to the household. **HOMELESS, RUNAWAY, & MIGRANT**—Contact the school for details. **MEALS FOR DISABLED**—If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular meal. **WIC PARTICIPANTS**—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child may be eligible for free/reduced-price meals. We encourage you to complete an Application and return for processing. **APPLYING FOR BENEFITS**—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible

**A COMPLETE HOUSEHOLD APPLICATION**—The Application cannot be approved unless it contains complete eligibility information. If you do not enter a CalFresh, CalWORKS, Kin-GAP, or FDIPIR case number for each student (or an adult household member) listed on the Application, you must complete the following: **Note:** You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court. **Section A:** The names of all children in your household, name of school or write "none" if not in school, their earned income with frequency, or mark the "if no income box." The Children's Racial and Ethnic Identities, is voluntary to answer. **Section B:** The names of all adults in the household, the amount of income, the source and frequency of income, or mark the "if no income box" for each person listed. **Section C:** Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the "I do not have an SSN box" if the adult does not have an SSN. **VERIFICATION**—School officials may check the information on the Application at any time during the school year. You may be asked to send information to validate your income, or current eligibility for CalFresh/SNAP, CalWORKS/TANF, Kin-GAP, or FDIPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child. **INFORMATION STATEMENT**—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKS, KinGAP, or FDIPIR case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the Application does not have a SSN.

Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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. **OVERT IDENTIFICATION**—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified. **FAIR HEARING**—If you do not agree with the school's decision regarding your Application's eligibility determination or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:  
**Mary DeLong, Director of Food Services**  
**730 Gray Avenue**  
**Yuba City, CA 95991**  
**Phone (530) 822-5078**  
**INCOME FOR THE SELF-EMPLOYED**—Self-employed persons may use last year's income as a basis to project their current year's NET income, unless your current net income provides a more accurate measure. The income to be reported is income

INCOME TO REPORT	
Earnings from work before deductions; include all jobs	Gross Wages/salaries/tips, strike benefits, unemployment compensation, workers' compensation, and net income from self-owned business or farm
Pensions Retirement Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
List Other Income	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household, net royalties and annuities, net rental income, any temporary income

Income Eligibility Guidelines (IEGs) July 1, 2014–June 30, 2015					
Use the income chart below to see if you qualify for the free or reduced-price meal program					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional household member add	\$7,511	\$626	\$313	\$289	\$145

derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income. **CALCULATING INCOME**—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12. **NON-DISCRIMINATION STATEMENT**—This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish)."  
**Do you Need Assistance completing the Application or have questions?** Please contact, **Student Nutrition (530)822-5078, 730 Gray Avenue-Yuba City, CA 95991.** You will be notified by the school when your Application has been approved or denied for free or reduced-price meals.  
 Sincerely,  
**Mary DeLong**  
 Director of Food Services

\*\*\*\*\*USE BLACK OR BLUE INK AND PRINT NEATLY WITHIN BOXES\*\*\*\*\*

**SECTION A. CHILDREN INFORMATION**

All Households Complete This Section. Enter all children's personal (earned) gross income, by Monthly Amount.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander

All Children LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Racial and Ethnic Identities: (Optional) Circle One Ethnic Identity	Circle one or more	MARK "X" If Foster Child	ENTER Benefit Case Number	ENTER Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDIPIR	STUDENT ID
①				N OR H	A W B I P	<input type="checkbox"/>			
②				N OR H	A W B I P	<input type="checkbox"/>			
③				N OR H	A W B I P	<input type="checkbox"/>			
④				N OR H	A W B I P	<input type="checkbox"/>			
⑤				N OR H	A W B I P	<input type="checkbox"/>			

Households submitting an application with a benefit case number for CalFRESH/CalWORKS, Please skip to Section C. A foster child that is under the legal responsibility of a foster care agency or court is eligible for free meals. This eligibility is not extended to non-foster children in the household.

**SECTION B. ALL OTHER HOUSEHOLD MEMBERS: Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following income codes.**

Income Codes: W= Weekly, E=Every 2 weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" If No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security,	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony	Income Source?	Paid How Often?	Other Income Received	Income Source	Paid How Often
	<input type="checkbox"/>	\$		\$			\$			\$		
	<input type="checkbox"/>	\$		\$			\$			\$		
	<input type="checkbox"/>	\$		\$			\$			\$		
	<input type="checkbox"/>	\$		\$			\$			\$		
	<input type="checkbox"/>	\$		\$			\$			\$		
	<input type="checkbox"/>	\$		\$			\$			\$		

**SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:**

Children participating in the 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. I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Federal Information Statement on letter to households

Printed name of adult household member completing this form: X \_\_\_\_\_ Signature of adult household member completing this form: X \_\_\_\_\_ Date: \_\_\_\_\_ Indicate Household Size:  Last 4 digits of Social Security: \_\_\_\_\_  I do not have a SSN.

Street Address, Apt #, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

DO NOT Write Below This Line-For School Use Only:

Application Approved: HSLD Size: \_\_\_\_\_ HSLD Income: \$ \_\_\_\_\_

Free based on:  
 CalFRESH/SNAP  
 CalWORKS/TANF  
 KinGap  
 FDIPIR  
 Direct Certification

Reduced based on:  
 Household Income  
 Denied based on:  
 Direct Certified as: H M R  
 Household Income  
 Zero Income  
 Foster Child Only  
 Income Too High  
 Incomplete

Verification Official's Signature & Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The USDA and the CDE are equal opportunity providers and employers

**STUDENT NUTRITION USE ONLY**