

School:

Application #:

**Twin Rivers Unified School District
APPLICATION FOR FREE AND REDUCED-PRICE
MEALS FOR SCHOOL YEAR 2009-2010**

Please complete, sign, and return this application to your student's school. **ONLY ONE APPLICATION PER HOUSEHOLD REQUIRED.**

For instructions on filling out this application, refer to www.twuniversusd.org

FOR SCHOOL USE ONLY- ELIGIBILITY DETERMINATION		EP <input type="checkbox"/>
FREE	REDUCED	DENIED

Directly Certified as:

H M R

ZERO INCOME. TEMPORARY FREE UNTIL (30) CALENDAR DAYS FROM DATE OF THIS DETERMINATION. Please submit new application before this date.

DETERMINING OFFICIAL:

DATE:

SECTION A. You must complete this section for ALL CHILDREN in your household.

Student and Child Information		Does child receive Food Stamp(FS), Kin-GAP, CalWORKs or FDIPIR Benefits?	Is this a FOSTER CHILD?
Last Name	First Name	Grade Level	Write "Yes" or "No"
		Write "Yes" or "No" if "Yes" Write the Food Stamp, Kin-GAP, CalWORKs or FDIPIR CASE NUMBER BELOW	Write "Yes" or "No" if "Yes," enter the child's monthly "personal-use income"

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP or FDIPIR case number for each child, or if this application is for a Foster Child, and you entered his/her monthly personal-use income, go to the signature block in Section C. If you did not enter a case number or if this application is not for a foster child, continue to section B and list all adult household members, regardless of whether or not they have income. Indicate the amount and source of gross monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual gross monthly income. Also, enter any income received by, or for, a child from full-time or regular or part-time employment, SSI, or Adoption Assistance payments. **SIGN THE APPLICATION IN SECTION C.**

Full Name of ALL ADULTS In Household	GROSS MONTHLY EARNINGS from work (before deductions) Include All Jobs	Pension, Social Security, Retirement	Welfare Benefits, Child support, Alimony payments	Any other monthly income	FOR SCHOOL USE ONLY

SECTION C. FOR ALL HOUSEHOLDS, READ THIS SECTION AND SIGN BELOW:
I certify 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 may subject me to prosecution under applicable State and Federal laws.

X Signature of adult household member who completed this form:

Printed name of adult household member who completed this form: _____ Date: _____

Mailing Address: _____ Telephone Number: _____ () _____ Social Security Number (SSN): (Write "NONE" if you have no SSN) _____ City: _____ Zip: _____

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional) See DESCRIPTION OF RACIAL and ETHNIC CATEGORIES on attached form

1. Mark one or more racial identities below:

American Indian or Alaskan Native Asian Black or African-American Native Hawaiian or other Pacific Islander White

2. Mark one ethnic identity below:

Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

Date Received: _____

Twin Rivers Unified School District

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2009-2010

Please complete the application on the reverse, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to this form. This application cannot be processed without the following information:

- The name of the child or children for whom you are applying for free or reduced-price benefits
- The names and income of all other household members
- The signature of the child's or children's parent or guardian
- The Social Security number of the person who signed the application. If the person signing the application does not have a Social Security number, write "none" in the space provided.

ALL HOUSEHOLDS: READ THIS SECTION

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 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.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number is provided, you must include the Social Security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a Social Security number is not mandatory, but the application cannot be approved if a Social Security number is not provided or an indication is not made that the signer does not have such a number. The Social Security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

2009-2010 MEDIA RELEASE FOR FREE AND REDUCED-PRICE MEALS IN THE NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAMS	On August 12, 2009, this public release was sent to The Sacramento Bee

The *Twin Rivers Unified School District* today announced its policy for providing free and reduced-price meals for children served under the *National School Lunch Program and School Breakfast Program*. Each school has a copy of the policy, which may be reviewed by any interested party.

The household size and income criteria identified below will be used to determine eligibility for free, reduced-price, or full-price meal benefits. Children from households whose income is at or below the levels shown here are eligible for free or reduced-price meals. Children who receive Food Stamp (FS), California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits are automatically eligible for free meals regardless of the income of the household in which they reside. Eligibility for a foster child is based on a separate application and solely on the amount of the child's "personal use" income.

HOUSEHOLD SIZE	FREE ELIGIBILITY SCALE <i>LUNCH, BREAKFAST, MILK</i>					REDUCED-PRICE ELIGIBILITY SCALE <i>LUNCH, BREAKFAST</i>				
	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 14,079	\$ 1,174	\$ 587	\$ 542	\$ 271	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional family member, add:										
	\$ 4,862	\$ 406	\$ 203	\$ 187	\$ 94	\$ 6,919	\$ 577	\$ 289	\$ 267	\$ 134

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The USDA is an equal opportunity provider.

MEDIA RELEASE FOR FREE AND REDUCED-PRICE MEALS

Application forms are being distributed to all households with a letter informing them of the availability of free and reduced-price meals for enrolled children. Applications are also available at the principal's office in each school. To apply for free or reduced-price meal benefits, households must complete an application and return it to the school for processing. Applications may be submitted at any time during the school year. The information households provide on the application will be used to determine meal eligibility and may be verified at any time during the school year by school or program officials.

Requirements for school officials to determine eligibility for free and reduced-price benefits are as follows: For households receiving Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits – applications need only include the child(ren)'s name, Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, and the signature of an adult household member. For households who do not list a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, the application must include the names of all household members, the amount and source of the income received by each household member, and the signature and corresponding Social Security number of an adult household member. If the household member who signs the application does not have a Social Security number, the household member must indicate on the application that a Social Security number is not available.

Under the provisions of the free and reduced-price meal policy, the determining official, as designated by the agency, shall review applications and determine eligibility. Parents or guardians dissatisfied with the eligibility ruling may discuss the decision with the determining official on an informal basis. Parents may also make a formal request for an appeal hearing of the decision and may do so orally or in writing with the sponsor/agency's hearing official. Parents or guardians should contact their child(ren)'s school(s) for specific information regarding the name of the determining official and/or hearing official for a specific school, agency, or district.

If a household member becomes unemployed, or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the levels shown above.

Households that receive Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits may not have to complete an *Application for Free or Reduced-Price Meals*. School officials will determine eligibility for free meals based on documentation obtained directly from the Food Stamp, CalWORKs, Kin-GAP, or FDPIR office that a child is a member of a household currently receiving Food Stamp or FDPIR benefits or an assistance unit receiving CalWORKs or Kin-GAP benefits. School officials will notify households of their eligibility, but those who do not want their child(ren) to receive free meals must contact the school. Food Stamp, CalWORKs, Kin-GAP, and FDPIR households should complete an application if they are not notified of their eligibility

by

September 25, 2009

CURRENT INCOME—The amount of income each household member received **last month**, before taxes or anything else is taken out, **and** where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	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 other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) — Households participating in the FDPIR are categorically eligible for free meals. 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 Food Stamp 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 Food Stamp households.

SOCIAL SECURITY NUMBER — The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a Social Security number is **not** required.

APPLYING FOR BENEFITS — You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

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 prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

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 school meal.

WIC PARTICIPANTS — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child **may** be eligible for free or reduced-price meals. You are encouraged to complete an application

and return it to the school for processing.

NONDISCRIMINATION — Children who receive free or reduced-priced meals must be treated in the same manner as those children who pay full price for their meals.

FAIR HEARING — If you do not agree with the school's decision regarding your application 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:

NAME: Rob Ball

ADDRESS: 3222 Winona Way, North Highlands, CA 95660

TELEPHONE: (916) 566-1600

CONFIDENTIALITY — Family size, household income, and Social Security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact:

NAME: Monica Jackson

ADDRESS: 3222 Winona Way, North Highlands, CA 95660

TELEPHONE: (916) 286-3857

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

Sincerely,

Jill Van Dyke

**Jill Van Dyke, Director
Nutrition Services
Twin Rivers Unified School District**