



**ETIWANDA SCHOOL DISTRICT**

**CHILD NUTRITION PROGRAM  
2017-2018**

**Annual Letter to Households and Application Information**

**Child Nutrition Office  
(909) 803-3155**

**Visit our webpage at:  
www.ESDChildNutrition.com**

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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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Meal Loan Policy:

**Elementary** – Elementary students can charge their lunch no more than 3 times. Once the 3 charge maximum is reached, a nutritionally adequate meal consisting of salad, fruit, vegetable and milk will be provided until the student's account becomes current. Students are reminded when they are down to their last lunch. School messenger calls households with a negative balance of \$3.00 or more. Site kitchen managers call households with negative balances over \$10.00. There will be no charges permitted after Friday, May 11, 2018.

**Intermediate** - Intermediate students are not permitted to charge. A nutritionally adequate meal consisting of salad, fruit, vegetable and milk will be provided for students who do not have money to purchase a meal.

**Breakfast Loan Policy:**

Students are not permitted to charge and no alternate meal will be provided.

- \* Payment reminders for students with a negative balance will go home once a week.
- \* Consider using EZSchoolPay.com to track your student's lunch balance and make payments to their account.
- \* Online payments have a fee up to \$1.25 to offset the cost of processing credit card transactions.
- \* We also accept cash or check, payable to ESD Child Nutrition.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

"USDA is an equal opportunity provider."

**SOURCES OF INCOME FOR CHILDREN**

Earnings from work	a child has a job where they earn a salary or wages.
Social Security Disability payments Survivor's 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 outside the household	A friend or extended family member regularly 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) * Strike Benefits	* Unemployment benefits * Worker's compensation * Supplemental Security Income * Cash assistance from state or local government * Alimony payments * Child support payments * Veterans 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
<b>U.S. Military:</b>		
* Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) * Allowances for off-base housing, food, and clothing		



**INCOME ELIGIBILITY GUIDELINES**

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$22,311	\$1,860	\$930	\$859	\$430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:					
	\$7,733	\$645	\$323	\$298	\$149

**\*REMINDERS\***

\* Incomplete, illegible, or incorrect applications will delay meal benefits.

\* Students receiving meal benefits in 2016/2017 remain eligible through September 19, 2017.

\* Faxed applications will not be accepted.

## Dear Parent or Guardian:

Children need healthy meals to learn! As a partner in learning the Etiwanda School District Child Nutrition Department participates in the National School Lunch Program. Nutritious meals are served every school day at all schools meeting the current USDA Guidelines. Current meal prices are available at [www.ESDChildNutrition.com](http://www.ESDChildNutrition.com) for students purchasing lunch. Details on how to complete the application and answers to the most frequently asked questions are included. You will be notified by mail or e-mail (if provided) of your child's eligibility once your application has been processed.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM CalFresh, CalWORKS, or FDPIR:  
GO TO **SECTION 1**

IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR A RUNAWAY:  
GO TO **SECTION 2.**

IF ONE OR MORE CHILDREN IN YOUR HOUSEHOLD ARE FOSTER CHILDREN:  
GO TO **SECTION 3.**

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS:  
GO TO **SECTION 4**

### SECTION 1 - If a household member receives CalFresh, CalWORKS, or FDPIR benefits

**STEP 1:** List the name, school, grade, and birth date of all students in grades TK - 8 only, school name, grade, date of birth for students only, (all other children not in grades TK-8 MUST be listed in step 3B), check Foster Child box if applicable; If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Child Attendance and Welfare liaison at (909) 803-3138.

**STEP 2:** List the name and case number for any household member (including adults) receiving CalFresh, CalWORKS, or FDPIR benefits.

**STEP 3A & 3B:** Skip these sections.

**STEP 4:** Print and sign name of the adult completing the form, as well as address, phone number, and email. **Signature is required.**

### SECTION 2 - If any child in your household is homeless, a migrant, or runaway

If any child you are applying for is homeless, a migrant, or a runaway please fill out the proper paperwork with your school's administration office or call the Child Attendance and Welfare liaison at (909) 803-3138.

### SECTION 3: If one or more children in your household are foster children If all children in the household are foster children:

**STEP 1:** List all foster children's name, school, grade, and date of birth. Check the box indicating the child is a foster child.

**STEP 2:** Skip this step. If you are receiving benefits from CalFresh, CalWORKS, or FDPIR, then proceed to Section 2.

**STEP 3A & 3B:** Skip these sections.

**STEP 4:** Print and sign name of the adult completing the form, as well as address, phone number, and email. **Signature is required.**

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

**STEP 1:** List the name, school, grade, and birth date of all students in grades TK - 8 only, school name, grade, date of birth for students only, (all other children not in grades TK-8 MUST be listed in step 3B), check Foster Child box if applicable; If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Child Attendance and Welfare liaison at (909) 803-3138.

**STEP 2:** Skip this step. If you are receiving benefits from CalFresh, CalWORKS, or FDPIR, then proceed to Section 2.

**STEP 3A:** Using the **Sources of Income for Children** chart on the back page, report the total child income earned.

**STEP 3B:** Using the **Sources of Income for Adults** chart below, report total household income from this month or last month and fill out the following info.

**Name:** List all other household members, not previously indicated in step 1, with or without an income.

**Gross Monthly Income: (Gross Earnings from work is the amount earned before taxes and other deductions)** For each household member with income: write the amount of current income, enter the source of current income received and the frequency. If any current amount received was more or less than usual, write the usual or projected income.

**Social Security #:** Enter the last four digits of the Social Security Number for the adult signing the application (or mark the box if he/she does not have one).

**Total Household Members:** Please enter the total number of household members indicated in sections 1 and 3B.

**STEP 4:** Print and sign name of the adult completing the form, as well as address, phone number, and email. **Signature is required.**

### SECTION 4: All other households, including WIC households

**STEP 1:** List all household members, school name, grade, date of birth for students only, (school name, grade, and date of birth N/A if not in grades K-8), check Foster Child box if applicable; If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Child Attendance and Welfare liaison at (909) 803-3138.

**STEP 2:** Skip this step. If you are receiving benefits from CalFresh, CalWORKS, or FDPIR, then proceed to Section 2.

**STEP 3A:** Using the **Sources of Income for Children** chart below, report the total child income earned. If child has NO income, please put 0 (zero).

**STEP 3B:** Using the **Sources of Income for Adults** chart below, report total household **Name:** List all other household members, not previously indicated in step 1, with or without an income.

**Gross Monthly Income: (Gross Earnings from work is the amount earned before taxes and other deductions)** For each household member with income: write the amount of current income, enter the source of current income received and the frequency. If any current amount received was more or less than usual, write the usual or projected income.

**Social Security #:** Enter the last four digits of the Social Security Number for the adult signing the application (or mark the box if he/she does not have one).

**Total Household Members:** Please enter the total number of household members indicated in sections 1 and 3B.

**STEP 4:** Print and sign name of the adult completing the form, as well as address, phone number, and email. **Signature is required.**