

Fremont Unified School District
APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2015-2016
COMPLETE ONE APPLICATION PER HOUSEHOLD

APP # _____

SECTION A: CHILDREN'S INFORMATION: Write the names of all the children in your household whether or not they attend school. Indicate if the children receive CalFresh, CalWORKs, Kin-GAP, or FDPIR benefits.

Student/Child Information Last Name	First Name	Grade	Birth Date (Optional)	Name of Current School (Write "N/A" if not in School)	Mark X if Foster Child	List Monthly* Income Received by the Child (If Any)	Mark X if No Income	Enter Benefit Type – CalFresh, CalWORKs, Kin-GAP, or FDPIR	Case Number	FOR SCHOOL USE ONLY ELIGIBILITY DETERMINATION	
										Date:	Determining Official:
					<input type="checkbox"/>		<input type="checkbox"/>			Household Size:	Income:
					<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> DENIED <input type="checkbox"/> Categorically FREE Eligible	
					<input type="checkbox"/>		<input type="checkbox"/>			Confirming Official	EP <input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/>			Verification Official	Follow-up:

SECTION B: ALL OTHER HOUSEHOLD MEMBERS: List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more-or-less than usual, enter the usual monthly income. Also enter any income received by a child or for a child from full-time or regular part-time employment, Social Security, or Adoption Assistance.

Adult Information Full Name	Mark X, if No Income	Monthly* Gross Earnings From Work (Before Deductions) Include ALL Jobs	Monthly* Pension, Retirement, Social Security	Monthly* Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly* Income	Enter Benefit Type – CalFresh, CalWORKs, Kin-GAP, or FDPIR & Case Number
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

SECTION C: Education Code 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 area or by any other means. 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, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

SECTION D: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1) Mark one or more racial identities:

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

2) Mark one ethnic identity:

- Of Hispanic or Latino origin
 Not of Hispanic or Latino origin

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		DATE	
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		LAST 4 DIGITS SOCIAL SECURITY NUMBER (SSN) <input type="checkbox"/> I do not have a SSN	
MAILING ADDRESS		TELEPHONE NUMBER	CELL PHONE NUMBER
CITY	ZIP CODE	EMAIL ADDRESS	

*To Determine MONTHLY income: if paid 2 times a month multiply by 24 divide by 12; if paid every 2 weeks multiply by 26 divide by 12; if paid weekly multiply by 52 divide by 12.

Dear Parent or Guardian:

The **Fremont USD** takes part in the National School Lunch and/or school Breakfast Programs. Meals are served every school day at participating schools. Students may buy lunch for **\$ 3.00 at Elementary and \$ 3.50 at Secondary Schools** and/or breakfast for **\$ 1.75 at Elementary and \$ 2.25 at Secondary Schools**. Eligible Free and Reduced Priced students may receive meals at no charge for lunch and/or breakfast. 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 FDPIR 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 participates Direct Certification. If your household 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 1**, 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 for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits, you may submit an Application at that time.

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 FDPIR 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, CalWORKS, Kin-GAP, or FDPIR 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 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 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: **Dr. Raul Zamora, (510) 659-2545, 4210 Technology Drive, Fremont, California 94538.**

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 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.

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

July 1, 2015–June 30, 2016

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,101	\$ 2,456	\$ 1,228	\$ 1,134	\$ 567
3	\$ 37,167	\$ 3,098	\$ 1,549	\$ 1,430	\$ 715
4	\$ 44,863	\$ 3,739	\$ 1,870	\$ 1,726	\$ 863
5	\$ 52,559	\$ 4,380	\$ 2,190	\$ 2,022	\$ 1,011
6	\$ 60,255	\$ 5,022	\$ 2,511	\$ 2,318	\$ 1,159
7	\$ 67,951	\$ 5,663	\$ 2,832	\$ 2,614	\$ 1,307
8	\$ 75,647	\$ 6,304	\$ 3,152	\$ 2,910	\$ 1,455
For each additional family member, add:					
	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

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: **Child Nutrition Office (510) 659-2587**
4210 Technology Drive, Fremont, California 94538.

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

Sincerely,

Child Nutrition Department