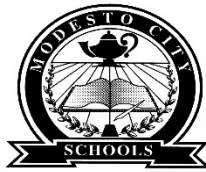


Apply Online Today at
 [mcs4kids.com!](http://mcs4kids.com)



MODESTO CITY SCHOOLS
Nutrition Services

1200 N. Carpenter Rd., Modesto, California 95351-1198
Nutrition Services Office (209) 574-1619
www.mcs4kids.com

July 2017

Dear Parent or Guardian,

To apply for free or reduced price meals for your child(ren), you can complete an **online meal application** by going to the following HomePage: www.mcs4kids.com. Only ONE application is required per household! **We encourage you to fill out an online application to expedite the review process.**

If you complete an online application, DO NOT submit a paper application! Keep your confirmation number, as you may wish to confirm your application has been received in the Nutrition Services office or confirm your child(ren)'s eligibility.

If you wish to **decline benefits**, online, go to www.mcs4kids.com click the meal application link and check the box, "I Do Not Wish To Apply for Free and Reduced Meal Benefits" and list **all** children enrolled in Modesto City Schools.

If you wish to complete a **paper application**, please fill out and sign the enclosed confidential application in **BLACK INK** and return it to: **Nutrition Services, 1200 N. Carpenter Rd., Modesto, CA 95351-1198 or your school cafeteria.** We encourage you to return the application as soon as possible prior to the start of the **2017-2018** school year. **Only ONE application is required per household!** List **all** children enrolled in Modesto City Schools.

If you wish to **decline benefits** or feel you do not want to apply because of your income being over the allowable limit, please put a check mark in the "**Check Here to Decline Benefits**" box and list **all** children enrolled in Modesto City Schools. Sign the application. This will help us reach the District's goal of a completed application for every student.

If your child has never been approved for free or reduced price meals in Modesto City Schools, you must provide a meal or meal money until you are notified that your application has been approved or disapproved.

If your child was attending Modesto City Schools at the end of the 2016-2017 school year and was receiving free or reduced price meals, eligibility will continue for the first 30-operating days of the 2017-2018 school year **or** until eligibility is determined. However, a new application must be approved to continue eligibility for the remainder of the year or your child will have to pay full price for their meals starting the following day after the 30-operating day period ends.

Remember: you must complete an online or paper application every year if you want your child(ren) to be considered for free or reduced price meals. An incomplete application cannot be processed. You Only Need To Supply The Last Four Digits Of Your Social Security Number For Income Applications. If You Do Not Have One, Mark The "No SSN Box".

School officials will notify you of your child's eligibility.

Instructions for filling out the application are enclosed. If you have any questions or need assistance in completing the application, please contact your school cafeteria or Sarah Wagner, 1200 N. Carpenter Rd., Modesto, CA 95351 at (209) 574-8498.

Sincerely,
Criss Atwell, Director
Nutrition Services
CA:st

MODESTO CITY SCHOOLS/NUTRITION SERVICES
2017-18 FREE & REDUCED PRICE MEAL INFORMATION AND CONFIDENTIAL APPLICATION
July 2017

Dear Parent or Guardian:

Nutrition Services serves nutritious meals every school day. Students may buy lunch for the following prices: Grades K-6, \$2.55; Grades 7-12, \$3.10; Breakfast prices are: K-12, \$1.50. Milk may be purchased for .50 cents per carton. Students may pay for meals in advance at the school cafeteria or thru PayPams which is located at the following website: www.mcs4kids.com.

Eligible students may receive free meals or reduced meals at a reduced price of .40 cents for lunch and .30 cents for breakfast if they reside in households whose incomes are within the levels shown on the scale listed on the following page.

- * If you now get Food Stamps/CalFresh or California Work Opportunity and Responsibility to Kids (CalWorks), or benefits from the Food Distribution Program on Indian Reservations (FDPIR), that child may receive free meals. **Free meals are extended to all children in a household when the application lists a Food Stamps/CalFresh, CalWorks, or FDPIR case number for any household member.**
- * If your total household income is at or below the amounts on the income scale, listed on the following page, your child may receive free meals or reduced-price meals.
- * If you have a foster child who is the legal responsibility of the welfare agency or court, that child may be eligible for benefits regardless of your income.

**HOW TO APPLY
AND COMPLETE MEAL APPLICATION**

To get free or reduced price meals for your child(ren), you may complete an online application by going to the following website, www.mcs4kids.com, or you can complete the enclosed Application for Free and Reduced Price Meals. You will sign it, and return it to the cafeteria as soon as possible. The application cannot be approved unless it contains complete eligibility information. **YOU MUST PROVIDE A MEAL OR MEAL MONEY FOR YOUR CHILD(REN) UNTIL YOU RECEIVE NOTIFICATION FROM NUTRITION SERVICES THAT YOUR APPLICATION HAS BEEN APPROVED/DISAPPROVED.**

STEP 1: LIST ALL STUDENTS WHO WILL BE ENROLLED IN MODESTO CITY SCHOOLS THIS YEAR.

For each student, print their first name, last name, birthdate and school. Use one line of the application for each student. When printing names, write one letter in each box. Stop if you run out of space. **If there are more students and household members present than lines on the application, attach a second application with all required information for the additional students or household members.** If any student(s) listed are foster children, check the "Foster Child" box. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete STEP 1 and then skip to STEP 4 on the application and follow the instructions from STEP 4. If you believe any student listed in this section may be Homeless, Migrant or Runaway, check the appropriate box and complete all steps of the application.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING ADULTS) CURRENTLY PARTICIPATE IN CalFresh (formerly known as Food Stamps), CalWORKs or Food Distribution Program on Indian Reservations (FDPIR)? If anyone in your household participates in the assistance programs listed, your children are eligible for free school meals. Enter a current case number (must be a 7- digit case number unless it is from a different county). Skip to Step 4.

STEP 3: STUDENT INCOME

A) Report all income earned by students. Report the combined gross income for ALL students listed in Step 1 in your household. Income to report includes SSI, salary, wages, adoption assistance and any other personal use income. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Bubble in the appropriate pay period.
Pay Period: Weekly, Every Two Weeks(Bi-Weekly), Twice a Month, Monthly.

B) ALL OTHER HOUSEHOLD MEMBERS (including yourself). Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, and utility bills. **DO NOT include the names of the students listed in STEP 1.** For each household member listed, if they do receive income, report total income for each source in **Whole Dollars** only. If they do not receive income from any source, write "0" in the box. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions and bubble in the appropriate pay period.
Pay Period: Weekly, Every Two Weeks(Bi-Weekly), Twice a Month, Monthly.

Report total household size. This number MUST be equal to the number of household members listed in STEP 1 and STEP 3.

Provide the last four digits of your Social Security Number. If no adult household member has a Social Security Number, leave this space blank and check the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE. All applications must be signed by an adult member of the household. Provide your contact information.

OPTIONAL: SHARE CHILDREN'S RACIAL AND ETHNIC IDENTITIES. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

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.

REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (wages, pensions, social security etc.):

If you **do not** list a Food Stamp/CalFresh, CalWORKs or FDIPIR case number for each student listed on the application, you must enter:

- The names of all school-age children in your household and the school(s) they attend.
- The names of other children in your household who do not attend any school.
- The names of all adults and other household members, their **gross income** and the source of income.
- The **Last 4 DIGITS** of the **Social Security** number of the adult household member who signs the application or mark an X in the "Check if NO SSN" box if the adult does not have a Social Security number.

An application must be completed, with all household members and incomes listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.

(Eligible students may receive meals at a reduced price if they reside in households whose incomes are within the levels shown below)

INCOME ELIGIBILITY GUIDELINES

Applicant Copy

July 1, 2017-June 30, 2018

Household Size	Weekly	Every Two Weeks	Twice Per Month	Monthly	Annually
*1	\$ 430	\$ 859	\$ 930	\$1,860	\$22,311
2	\$ 578	\$1,156	\$1,252	\$2,504	\$30,044
3	\$ 727	\$1,453	\$1,575	\$3,149	\$37,777
4	\$ 876	\$1,751	\$1,897	\$3,793	\$45,510
5	\$1,024	\$2,048	\$2,219	\$4,437	\$53,243
6	\$1,173	\$2,346	\$2,541	\$5,082	\$60,976
7	\$1,322	\$2,643	\$2,863	\$5,726	\$68,709
8	\$1,471	\$2,941	\$3,186	\$6,371	\$76,442

For each additional household member add:

+\$149 +\$298 +\$323 +\$645 +\$7,733

* A household of one means a pupil who is his/her sole support.

CURRENT INCOME: Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.

- **Gross income** is the total income received before taxes or deductions. Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

INCOME TO REPORT includes: EARNINGS FROM WORK - Wages/salaries/tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm; WELFARE, CHILD SUPPORT, ALIMONY - Public assistance payments, welfare payments, alimony/child support payments; PENSIONS, RETIREMENT, SOCIAL SECURITY - Pensions, supplemental security income, retirement payments, social security; OTHER INCOME - Disability benefits, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, net royalties/annuities/net rental income, any other income.

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.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Households participating in the Food Distribution Program on Indian Reservations (FDPIR) are now categorically eligible for free meals or 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 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/CalFresh households. If you receive FDPIR benefits, complete the application.

SOCIAL SECURITY NUMBER: The application must have the LAST FOUR DIGITS of the social security number of the adult who signs. **IF THE ADULT DOES NOT HAVE A SOCIAL SECURITY NUMBER, MARK THE "I DO NOT HAVE A SSN" box.** If a food stamp/CalFresh, CalWORKs or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is not needed.

MEALS FOR DISABLED: If you believe your child needs a food substitute or texture modification because of a disability, please contact the Nutrition Services Office. 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.

HOMELESS, MIGRANT, RUNAWAY, FOSTER CHILDREN: If your child receives benefits for any one of these Other Source Categorically Eligible Programs, you may contact the Nutrition Services office for assistance in receiving benefits.

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 Stamps/CalFresh, CalWORKs or FDPIR. 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.

DIRECT CERTIFICATION: This district participates in Direct Certification. If your household receives food stamps/CalFresh or if your child(ren) receives CalWORKs or FDPIR benefits, then 1) your child may be automatically certified to receive free meals. 2) if you did not receive a Direct Certification letter for your child who is in any of these programs, you must complete an application. If you do not receive notification, by September 7, 2017, but think your child(ren) is/are eligible for free meals, please call Nutrition Services at (209) 574-8498.

APPLY 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, or your family size increases, or you become eligible for food stamps/CalFresh, CalWORKs or FDPIR benefits, you may fill out an application at that time.

NONDISCRIMINATION: Children who receive free or reduced price meals must be treated in the same manner as those children who pay full price for their meals, and not overtly identified. In child nutrition programs, no child may be discriminated against because of race, sex, color, national origin, age, or handicap. If you believe there has been discrimination against your child, write to the Secretary of Agriculture, Washington D.C., 20250.

FAIR HEARING: If you do not agree with the decision on your application or the result of verification, you may wish to call the Nutrition Services Office at (209) 574-8498. You also have a right to a fair hearing. This can be done by writing the following school official:

Becky Meredith, Senior Director, Business Services
Modesto City Schools
426 Locust Street
Modesto, CA 95351-2631
Phone: (209) 492-5002

CONFIDENTIALITY: The information you give the school personnel will not be given to anyone who is not part of the school's food service program. The information will be used only to decide if your children are eligible to receive free or reduced price meals and to verify eligibility.

If you have any questions or need assistance in completing the application, please contact your school cafeteria or Sarah Wagner, 1200 N. Carpenter Rd., Modesto, CA 95351 at (209) 574-8498.

You will be notified when your application is approved or denied for free or reduced-price meals.

Sincerely,

Criss Atwell
Director
Nutrition Services

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio-tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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.

This institution is an equal opportunity provider.