

SCVSFSA 2015/2016 INFORMATION



Handbook can be accessed at:
www.scvschoolnutrition.org

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Santa Clarita Valley School Food Services Agency



IMPORTANT PHONE NUMBERS

SCVSFSA Phone: 295-1574 ext. xxx (see below)

FAX: 295-0981 (Laurie & Becky)

FAX: 295-1198 (Della & Sue)

Chief Executive Officer	Lynnelle Grumbles, PhD, RDN, SNS	Ext. 103
Director, Finance & Administration	Susan Weiss, SNS	Ext. 116
Director, Food Services	Jane Crawford	Ext. 113
Area Supervisor	Jo Kremer	Ext. 107
Area Supervisor	Nancy Haddock	Ext. 114
Certified Chef	Brittany Young	Ext. 121
Operator – Receptionist	Annette Fernandez	0 or 115
Accounts Payable	Rosa Hernandez	Ext. 105
Agency Cashier	Carol Stanley	Ext. 106
Catering	Brittany Young (Chef)	Ext. 118
Executive Assistant to the CEO	Laurie Kudroff	Ext. 103
Food Production Supervisor	Peggy Hetman	Ext. 110
Free/Reduced Applications	Faviola Roberson	Ext. 108
Maintenance & Operations Supervisor	David Gomez	Ext. 112
Network Systems Administrator	Joe Satorhelyi	Ext. 109
Nutritionist	Tracy Fiscella, MS, RDN, SNS	Ext. 117
Orders from Site Managers	Sue Brown	Ext. 104
Payroll & Human Resources	Becky Goldberg	Ext. 111
Human Resources Assistant	Tammy Bowers	Ext. 120
Purchasing/Inventory Control Coordinator	Della Lovercio	Ext. 122
Substitutes	Laurie Storey	Ext. 119

DO YOU HAVE A QUESTION?

Principals, School Staff & Parents Questions, contact: 295-1574 ext. xxx (see below)

Free/Reduced Price Meal Eligibility – Faviola Roberson – ext. 108
Student Account Balance – Your Cafeteria Cashier
Substitute Workers – Laurie Storey – ext. 119 or Jo Kremer – ext. 107
Food Quality; Menu Questions – Jane Crawford – ext. 113
Checks Returned for Insufficient Funds – Faviola Roberson, ext.108/Susan Weiss, ext. 116
Policies & Regulations – Dr. Lynnelle Grumbles – ext. 103

CENTRAL KITCHEN PHONE NUMBERS (661) 295-1574 ext. xxx

Lynnelle Grumbles, Chief Executive Officer	103	Laurie Kudroff, Executive Assistant to the CEO	103
Susan Weiss, Director, Finance & Admin.	116	Becky Goldberg, Payroll & Human Resources	111
Jane Crawford, Director, Food Services	113	Rosa Hernandez, Account Clerk, Senior	105
Nancy Haddock, Area Supervisor	114	Carol Stanley, Agency Cashier	106
Jo Kremer, Area Supervisor	107	Faviola Roberson, Free/Reduced Applications	108
Brittany Young, Chef/Catering	102	Della Lovercio, Purchasing/Inventory Control	122
Joe Satorhelyi, Network Systems Admin.	109	Tracy Fiscella, RDN, Nutritionist	117
Peggy Hetman, Food Production Supervisor	110	Sue Brown, Orders from Site Managers	104
David Gomez, Maintenance & Operations	112	Annette Fernandez, Receptionist/Operator	115 or 0
Laurie Storey, Substitutes-Site Team Ldr.	119	Tammy Bowers	120
		Training Station	121

Principals, School Staff & Parents Questions, contact: (661) 295-1574 ext. xxx

Catering	Chef Brittany	102
Classroom Parties	Jo Kremer	107
Free/Reduced Price Meal Eligibility	Faviola Roberson	108
Prepaid Meals Remaining	Your Cafeteria Cashier	Cafeteria
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Checks Cleared by the Bank	Susan Weiss	116
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For Questions from Agency Staff, contact: (661) 295-1574 ext. xxx

Checks Cleared by Bank	Susan Weiss	116
Cashiering Questions	Carol Stanley	106
Menu, Food Quality/Quantity	Jane Crawford	113
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Cafeteria Staff	Jane Crawford	113
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Student Account Balance	Site Cafeteria Cashier	Cafeteria
Ordering Food and Supplies	Sue Brown/Della Lovercio	104/122
Payroll/Human Resources	Becky Goldberg/Tammy Bowers	111/120
Workers' Compensation Injuries	Susan Weiss	116
Compliance Issues	Jane Crawford	112
Agency Policies & Regulations	Dr. Lynnelle Grumbles, RDN	103
Substitutes	Laurie Storey	119

School	Cafeteria	Office	School	Cafeteria	Office
			Mountainview Elem.	Ext. 25194	294-5325
			Newhall Elem.	291-4014	291-4010
Bridgeport Elem.	Ext. 75194	294-5375	Northlake Hills Elem.	Ext. 3201	257-4560
Canyon Springs	252-4323	252-4323	North Park Elem.	Ext. 70194	294-5370
Castaic Elementary	Ext. 5203	257-4530	Oak Hills Elem.	291-4104	291-4100
Castaic Middle School	Ext. 2203	257-4550	Old Orchard Elem.	291-4044	291-4040
Cedarcreek Elem.	Ext. 10194	294-5310	Peachland Elem.	291-4024	291-4020
Emblem Academy	Ext. 15194	294-5315	Pico Canyon Elem.	291-4084	291-4080
Fair Oaks Ranch	Ext. 204	299-1790	Pinetree Elem.	252-5172	298-2280
James Foster Elem.	Ext. 55194	294-5355	Plum Canyon Elem.	Ext. 65194	294-5365
Golden Oak Elem.	251-8937	251-8929	Rio Vista Elem.	Ext. 30194	294-5330
Charles Helm ers	259-1867	294-5345	Rosedell Elem.	Ext. 35194	294-5335
			Santa Clarita Elem.	Ext. 40194	294-5340
Highlands Elem.	Ext. 20194	294-5320	Skyblue Mesa Elem.	Ext. 50194	294-5350
Leona Cox Elem.	252-2841	252-2100	Sulphur Springs Elem	251-5833	252-2725
Live Oak Elem.	295-8419	257-4540	Stevenson Ranch	291-4074	291-4070
			Tesoro de Valle Elem.	Ext. 80194	294-5380
J. Michael McGrath	291-4094	291-4090	Valencia Valley Elem.	291-4064	291-4060
Meadows Elem.	291-4054	291-4050	Valley View Elem.	251-2715	251-2000
Mint Canyon Elem.	252-0697	252-2570	West Creek Academy	Ext. 85194	294-5385
Mitchell Elem.	252-2669	252-9110	Wiley Canyon Elem.	291-4034	291-4030

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355* (661) 295-1574 * Fax (661) 295-0981

TO: All Principal's & Office Manager's
FROM: Lynnelle Grumbles, CEO
RE: Food Services Program Update 2015/2016
DATE: July 1, 2015

Meal Prices:

Breakfast - Student	\$1.50
Breakfast - Reduced Price	Free
Lunch – ALL GRADES K-12	\$3.00
Lunch - Reduced Price	\$0.40
Pre-Payment Bonus:	
Deposit \$ 51.00 to \$100.00 and receive a	5% bonus
Deposit \$101.00 to \$200.00 and receive a	7.5% bonus
Deposit \$201.00 or more and receive a	10% bonus
Adult School Breakfast (includes beverage/tax)	\$3.00
Adult School Lunch (includes beverage/tax)	\$4.00
Milk	\$0.50

Food Service:

We offer three (3) main entrée choices for lunch and three (3) entrée choices for breakfast. According to the California Ed Code, **all kindergarten students must** be offered the opportunity to participate in the National School Lunch/Breakfast program. Lunch **must also be offered** and made available on '**minimum days**'.

IOU's:

Please read the Agency policy (attached) concerning the meal prices, check policies, and refunds. **The National School Lunch Program** does not permit the cafeteria to extend credit (IOU's.) The student will call home for their lunch or money. If that doesn't work out, then the student will be allowed to have a salad bar lunch, which includes everything **EXCEPT** the hot entrée. A limit of two (2) salad bar lunches is allowed.

Menus:

We will continue to involve students in planning our menus. Any school interested should contact our office (295-1574 ext. 113 Jane Crawford). We also plan to repeat the "Kids Cooking Campaign" --- an annual event held in February & March, and we plan to invite five (5) groups of Fourth graders -- one (sometimes two) groups from each member district. More information will be sent to you shortly after school starts.

Special Services:

Sack lunches are available for field trips, special events, etc. Please notify your cafeteria at least **two weeks (10 days) in advance**. This allows the Site Team Leader to adjust her lunch orders.

Tours:

Tours of the central kitchen and school kitchens are conducted for small groups of students.

Catering: (295-1574 ext. 102 Brittany Young or Jane Crawford ext. 113)

Catering is available for school related events, i.e. Staff meetings, PTA meetings, special banquets, etc.). We have special pricing for PTA and teachers for classroom parties/rewards.

Nutrition Education: (295-1574 ext. 117 Tracy Fiscella, RDN)

Our staff members will be most happy to visit your school, make a presentation or help with your requests.

Meal Application: Please discard all 2014-2015 paperwork; we cannot process any applications that do not say “2015-2016”.

Please refer to the attached **Meal Application Procedures** for additional information.

Only one application per family is necessary. Families receiving CalWorks (cash aide) or CalFresh (food stamps) on 7-1-15 need not apply since they have been “**directly certified**” by Social Services for free meals. Notification letters will be sent to these families. If for some reason a family receiving CalWorks or CalFresh did not receive a notification letter, they must submit an application for approval.

Please share the above information with your staff! 😊

If you are interested in any of the special services, or would like additional information, please contact the **Food Services Agency** office, phone: **295-1574 ext. 103**.

Thank you for all your support and cooperation. We look forward to working with you and your staff this school year.

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY
Serving the students of: Castaic USD, Newhall SD, Saugus USD, Sulphur Springs USD



www.scvschoolnutrition.org

661-295-1574 ext. 103

2015/2016 PRICES Grades K-8			
Student Lunch	\$3.00	Additional Milk	\$0.50
Student Breakfast	\$1.50	Juice - 8 oz.	\$0.80
Reduced Price Lunch**	\$0.40	Juice - 4 oz.	\$0.40
Reduced Price Breakfast**	FREE		
		**Meals served at "Reduced Price" or "Free"	
Adult Lunch (including beverage/tax)	\$4.00	must have an approved application on file for the	
Adult Breakfast (including beverage/tax)	\$3.00	2015/2016 school year—see website for application	

(These forms are available at our website at www.scvschoolnutrition.org and in the school cafeteria.)

Pre-Payment Bonus (added to account):

- A 5% "bonus" credit will be applied to your account for payments between \$ 51. and \$100.
- A 7.5% "bonus" credit will be applied to your account for payments between \$101. and \$200.
- A 10% "bonus" credit will be applied to your account for payments over \$201.
- Unused money will be transferred to the next school year.
- "Bonus" credits are kept track of at each school cafeteria. They are NOT reflected on the www.PayFort.net payment system screens, e-mail notifications or auto-payments. "Bonus" credits do carry over from year to year, but are NOT "real" money and are not refundable or transferable.

***CHECK POLICY:** Meals can be prepaid by cash, check or money order made **payable to: SCVSFSA** (Santa Clarita Valley School Food Services Agency). **The minimum check amount is \$10.** A fee of \$10 will be assessed for each returned check from the bank, and the remaining meals will be suspended. Please put your child's first and last name in the memo section of the check. Parents are solely responsible for ensuring that their child's account is not in negative status. **We do our very best to let you know when your child's account is becoming low, however, this is done as a courtesy.** **No change will be given for checks received, so please make the check for the appropriate amount.** **Please note:** Checks will **NOT** be accepted after May 20, 2016. After this date, only cash, money orders or online payments will be accepted.

REFUND POLICY: Requests for refund of remaining balance must be received no later than June 30th of the currently closing school year. Refund requests can only be honored if payment was deposited into the account during the current school year. See our website for a refund request form and more detailed information. Movement of balances between siblings must also be requested by the parent. Any "bonus" credit applied to an account is **not refundable**. **An administrative fee of \$3.00 will be charged against the remaining balance.** The remaining balance will then be returned upon written request (see refund request form).

PAY ONLINE: www.payfort.net or see our web site for more details at www.scvschoolnutrition.org .

PREPAY FORM FOR CAFETERIA MEALS 2015/2016*

(Please send this form to cafeteria with payment)

STUDENT NAME: _____

CHECK #: _____ CHECK AMOUNT: \$ _____

PARENT NAME (if different from student): _____

This money is to be used for: **Breakfast only** _____ **Lunch only** _____ **Both** _____

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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).

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY
Serving the students of: Castaic USD, Newhall SD, Saugus USD, Sulphur Springs USD



www.scvschoolnutrition.org

661-295-1574 ext. 103

PRECIOS 2015/2016		Grades K-8	
Almuerzo de Estudiante	\$3.00	Leche Adicional	\$0.50
Desayuno de Estudiante	\$1.50	Jugo – 8 oz.	\$0.80
Precio de Almuerzo Reducido**	\$0.40	Jugo – 4 oz.	\$0.40
Precio de Desayuno Reducido**	FREE		
		**Alimentos servidos a “Precio Reducido”	
Almuerzo Adulto (incluye bebida/tax)	\$4.00	o “Gratis” deben tener una solicitud del	
Desayuno Adulto (incluye bebida/tax)	\$3.00	Año escolar 2015/2016-vea la página para la aplicación	

(Las formas están disponibles en nuestro sitio web en www.scvschoolnutrition.org y en la cafetería de la escuela.)

Traducción de Google website

Bonificación de Pre-Pago (aplicado a la cuenta):

- El bonificación de 5% será agregado a su cuenta por pagos entre \$51. y \$100.
- El bonificación de 7.5% será agregado a su cuenta por pagos entre \$101. y \$200.
- El bonificación de 10% será agregado a su cuenta por pagos sobre \$201.
- Cualquier bonificación que no sea usado será transferido al siguiente año escolar.
- Créditos de bonificación son indagados en cada cafetería de las escuelas. Ellos no se reflejan en el sistema de pago en línea www.PayForIt.net pantallas, las notificaciones por correo electrónico o de auto-pagos. Créditos de bono será transferido al siguiente año, pero no son reembolsables o transferible.

POLIZA DE CHEQUE*: Los alimentos pueden ser pre-pagados en efectivo, cheque o giro **pagable a: SCVSFSA** (Santa Clarita Valley School Food Services Agency). **La cantidad mínima de un cheque es \$10.00. Un cobro de \$10 será multado por cada cheque que sea regresado por el banco, y el resto de los alimentos serán suspendidos.** Por favor, ponga el primer nombre de su niño/a y el apellido en la sección memo de su cheque. Los padres son los únicos responsables de asegurar que la cuenta de sus hijos no quede con balance negativo. **Hacemos lo posible por avisarle cuando la cuenta de su niño/a esta baja, aunque, esto lo hacemos por cortesía. No se dará cambio por cheques recibidos, entonces por favor haga el cheque por la cantidad apropiada. Favor de notar:** Después del 22 de mayo, 2015, **NO** se recibirán cheques. Después de esta fecha, solamente efectivo, giro, o pagos por internet serán recibidos.

POLIZA DE REEMBOLSOS: Peticiones para reembolsos de balance sobrante deben ser recibidos a más tardar junio 30 del año escolar actual. Peticiones para reembolsos son honorados solamente si el pago fue depositado en la cuenta durante el año escolar actual. Visite nuestra página Web para imprimir una forma para petición de reembolsos y más información detallada. Movimiento de balances entre parientes puede ser pedido por un padre. Cualquier bono monetario aplicado a una cuenta **no es reembolsable. Se cargara un cargo administrativo de \$3.00 en contra del balance que sobre.** El balance que sobre será entonces regresado ya que se reciba la petición por escrito (vea la forma petición para reembolso).

Pague En Línea: www.payforit.net o visite nuestro sitio Web para mas detalles en www.scvschoolnutrition.org.

FORMA DE PRE-PAGO PARA ALIMENTOS DE LA CAFETERIA 2015/2016*

(Por favor mande esta forma a la cafetería con su pago)

NOMBRE DE ESTUDIANTE: _____

CHEQUE #: _____ CANTIDAD DEL CHEQUE: \$ _____

NOMBRE DEL PADRE (si es diferente del estudiante): _____

Este dinero se debe usar para: **Solo Desayunos** ____ **Solo Almuerzos** ____ **Cualquiera** ____

Del Departamento de Agricultura de EE.UU., esta institución tiene prohibido discriminar sobre la base de raza, color, origen nacional, sexo, edad, discapacidad, sexo, identidad de género, la religión, la represalia, y donde, creencias aplicables políticos, estado civil, estado familiar o parental, orientación sexual, o la totalidad o una parte de los ingresos de un individuo se deriva de cualquier programa de asistencia pública o protegida la información genética en el empleo o en cualquier programa o actividad realizada o financiada por el Departamento.

Si usted desea presentar una reclamación sobre el programa de derechos civiles de la discriminación, complete el Formulario de Queja USDA Programa de Discriminación, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina de USDA, o llame al (866-632-9992) para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíe su formulario de queja o una carta por correo a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o por fax al (202) 690 a 7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Federal Relay Service al (800) 877-8339; o (800) 845-6136 (español).

"USDA y el California Departamento of Educación es un proveedor y empleador."

SANTA CLARITA VALLEY 학교 급식서비스 대행사
서비스 학구: Castaic USD, Newhall SD, Saugus USD, Sulphur Springs USD



www.scvschoolnutrition.org

Translation by Google website

2015/2016 식대 학년 K-8			
학생 중식	\$3.00	추가 우유	\$0.50
학생 조식	\$1.50	주스 - 8 온스	\$0.80
할인가 중식 식대**	\$0.40	주스 - 4 온스	\$0.40
할인된 조식 식대 **	무료	***할인된 가격” 또는 “ 무료” 식사 제공은	
선불 보너스 (계정에 적립):		2015/2016 학년도 분에 대한 승인된 신청서가	
\$ 51.00 – \$100.00 을 적립하시면 5%보너스 수령		만드시 접수되어야 있어야 합니다.	
\$101.00 – 200.00 을 적립하시면 7.5% 보너스 수령		성인 중식	\$4.00
\$201.00 또는 그 이상을 적립하시면 10% 보너스 수령		성인 조식	\$3.00

신청 양식은 우리 웹사이트 www.scvschoolnutrition.org 와 학교 식당에서 구할 수 있습니다.

2015/2016 교내 식사를 위한 선불양식 *

학생 성명: _____

수표 번호: _____ 수표금액: \$ _____

학교: _____ 학년: _____

이 금액의 용도: 조식 만 _____ 중식 만 _____ 해당 없음 _____

\$ 51.- \$100.을 선불 하시면 5%의 보너스가 귀하의 계정에 적립됩니다.

\$101- \$20. 을 선불 하시면 7.5%의 보너스가 귀하의 계정에 적립됩니다.

\$201. 또는 그 이상을 선불 하시면 10%의 보너스가 귀하의 계정에 적립됩니다.

보너스 크레딧은 각 학교 식당에서의 트랙을 유지됩니다. 그들 온라인 PayFort.net 결제 시스템에 반영되지 않습니다 스크린, 전자 메일 알림 또는 자동 지급. 보너스 크레딧 매년 이월 할 만 환불 또는하지 양도. 보너스 크레딧을 사용하려면 허용해야 실제 돈으로 (\$ 0.00) 제로로 떨어 균형은 항상 사용됩니다 첫 번째.

수표 정책*: 식대는 개인 수표로 선불 하시거나 다음을 수취인으로 하는 우편환으로 보낼 수도 있습니다: **SCVSFSA** (Santa Clarita Valley School Food Services Agency). **최저 수표 금액은 \$10 입니다.** 해당 은행으로부터 반송된 매 수표 당 \$10의 수수료가 부과 될 것이며, 나머지 식사는 중단될 것입니다. 자녀의 성명을 수표의 메모란에 기록하십시오. **우리는 귀하의 자녀의 계좌 금액이 모자라게 될 때 귀하께 이를 알리기 위해 최선을 다할 것이나, 이는 우리가 예의상 그렇게 하는 것이므로 귀하께서도 잔금을 살펴 주시기를 부탁드립니다.** 받은 수표에 대한 거스름 돈은 돌려 드리지 않으므로, 적절한 금액의 수표를 발행해 주시기 바랍니다. 다음을 주의해 주십시오: 2013년 5월 17일 이후에는 수표를 받지 않을 것입니다. 이 날 이후로는 현금 또는 우편환만 받을 것입니다.

환불정책: 당해 학년도 잔액에 대한 환불 요청은 월 30일 이전에 접수되어야 합니다. 환불 요청은 당해 학년도 중에 식대계좌에 적립된 금액에 한합니다. 환불요청 양식과 보다 자세한 정보는 우리 웹사이트를 참조하십시오. 자녀간의 잔금 이전은 학부모의 요청에 의해서만 가능합니다. 계좌에 적립된 보너스 금액은 **환불되지 않습니다.** 잔금에서 처리 수수료 \$3.00 이 차감 됩니다. 나머지 잔금은 요청시 환불 됩니다(환불요청 양식을 참조 하십시오).

온라인 지불: www.payfort.net 또는 보다 상세한 정보는 우리 웹사이트 www.scvschoolnutrition.org 을 참조 하십시오.

연방법과 미국 농업 정책에 따라, 이 기관은 인종, 국적, 성, 연령, 또는 지체장애를 이유로 하는 차별을 할 수 없습니다. 차별 불만에 대한 고소의 서면접수는 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 로 하시거나, 또는 (202) 720-5964 (목소리 와 TDD)로 전화 주십시오. USDA 는 동등한 기회와 고용을 제정합니다.

Santa Clarita Valley School Food Services Agency

LUNCH AND BREAKFAST PRICES AND PRE-PAY POLICIES FOR 2015/2016 FISCAL YEAR

MEAL PRICES

The regular meal price is \$ 3.00 for a student lunch for ALL grades (K-8). The regular breakfast price is \$ 1.50 for ALL school students (grades K-8). **We encourage you to prepay for your meals.** Pre-payment eliminates the need to carry money to school daily and also provides “peace of mind” so you will know that your child’s money is spent on school meals. We have several pre-payment options each of which saves you money – see below. To avoid lunchtime “grid-lock”, pre-paying **MUST** be done before school or during recess - this will allow the children to move through the lunch line more quickly.

PAY ONLINE: www.payforit.net or see our web site for more details at www.scvschoolnutrition.org .

PRE-PAYMENT BONUS

A “bonus” will be applied to your student’s cafeteria account as follows:

Deposit of \$ 51. to \$100. – a 5% bonus will be applied to the account.

Deposit of \$101. to \$200. – a 7.5% bonus will be applied to the account.

Deposit of \$201. or more – a 10% bonus will be applied to the account.

Any unused money will be transferred to the next school year.

This “bonus” credits do carry over from year to year, **BUT** are non-refundable and non-transferable. They are tracked on the school cafeteria computer. Please check with your school’s cafeteria cashier for the “bonus” credits balance.

FREE OR REDUCED PRICE MEALS –

In order to qualify or re-qualify for the free or reduced price meals a **new 2015/2016 application** must be submitted and approved. **Application forms are available in the school cafeteria and on the Agency website at www.scvschoolnutrition.org.** If you have any questions, call the Agency’s office: (661) 295-1574 ext. 108.

CASH PAYMENTS

If a child brings \$10.00 or more to school, the money will be credited in full to their cafeteria account unless a signed note from a parent requests change be given to the child.

IOU POLICY

As we operate with Federal funds, we can NOT extend any credit (IOU’s.) Only milk and salad bar (everything except the hot entrée item) will be offered if a child has no money. A maximum limit of two (2) salad bar lunches (partial meal) per student is allowed, after which time the student will be sent to the office, where the parents will be called and arrangements made for a lunch or money to be brought to the school. Both negative and positive account balances will rollover from one year to the next.

REFUNDS AND REFUND POLICY

Refunds for prepaid meals will be issued only to parties moving out of the area(s) served by the Agency. An administrative fee of \$3.00 will be charged against the remaining balance. The remaining balance will then be returned upon written request (see refund request form).

Requests for refund of remaining balance must be received no later than June 30th of the currently closing school year. Refund requests can only be honored if payment was deposited into the account during the current school year. See our website www.scvschoolnutrition.org for a refund request form and more detailed information.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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 and employer.”

Santa Clarita Valley School Food Services Agency

PRECIOS DE ALMUERZOS Y DESAYUNOS

Y

POLIZA DE PREPAGO PARA EL AÑO FISCAL 2015/2016

PRECIOS DE ALIMENTOS

El precio regular de almuerzo de estudiante es \$ 3.00 para **TODOS** los grados (K-8). Precio regular del desayuno es \$ 1.50 para **TODOS** los estudiantes (grados K-8). **Les animamos a pre-pagar por sus comidas.** Esto elimina la necesidad de cargar dinero a la escuela diariamente y también provee "paz de mente" para que usted sepa que el dinero de su niño se gasta en almuerzos. Tenemos algunas opciones de re-pago y cada una le ahorra dinero - mire abajo. Encargarse de cualquier transacción durante la hora del almuerzo atrasa la línea. Pre-pagar DEBE hacerse antes de clases ó durante el descanso – esto permite que la línea para tomar el almuerzo se mueva más rápido.

PAGUE EN-LINEA: www.payforit.net o visite nuestro sitio web para más detalles en www.scvschoolnutrition.org.

BONIFICACION CON PRE-PAGOS

El bonificación será aplicado a la cuenta de su niño en la cafetería de la siguiente forma:

Depósito de \$ 51. a 100. - un bono de 5% será agregado a la cuenta.

Depósito de \$101. a 200. - un bono de 7.5% será agregado a la cuenta.

Depósito de \$201. o más - un bono de 10% será agregado a la cuenta.

Cualquier dinero que no sea usado será transferido al siguiente año escolar. El bonificación no es transferible o reembolsable. Ellos son indagados en la escuela en la computadora de la cafetería de escuela. Póngase en contacto con cajero de cafetería de su escuela por el saldo de créditos de bonificación.

ALIMENTOS GRATIS O A PRECIO REDUCIDO

Para quienes califiquen para alimentos gratis o a precio reducido, necesitan llenar una **nueva aplicación del año 2015/2016. Las formas de aplicación están disponibles en cafetería de la escuela y en nuestro sitio web de la agencia www.scvschoolnutrition.org.** Si tiene alguna pregunta favor de llamar a la oficina de la Agencia (661) 295-1574 x 108.

PAGOS EN EFECTIVO

Si un niño trae \$10.00 o más a la escuela, el dinero será acreditado en total a su cuenta de la cafetería, a menos que tenga una nota firmada por el padre en la cual pida que el cambio se le de al niño/a.

POLIZA DE CREDITOS (IOU's)

Ya que trabajamos con fondos Federales, NO podemos dar crédito. Solamente se le ofrecerán leche y barra de ensalada si un niño no tiene dinero. La barra de ensalada consiste de dos frutas, lechuga una verdura, zanahoria, platillo de papa y un postre. Un límite máximo de dos (2) almuerzos (almuerzo parcial) de la barra de ensalada por estudiante es permitido, después el estudiante será mandado a la oficina ó los padres serán llamados para acordar que le traigan almuerzo o dinero a la escuela.

Cuentas con balances negativos y positivos se trasladan de un año al siguiente

REEMBOLSOS y POLIZA DE REEMBOLSOS: Reembolsos de alimentos pre-pagados serán entregados solamente a las personas quienes se muden fuera del área que sirve la agencia. **Un cobro administrativo de \$3.00 será cargado en contra del saldo restante.** El balance restante será regresado después de una petición por escrito (vea la forma petición para reembolso).

Peticiones para reembolsos de balance sobrante deben ser recibidas a más tardar junio 30 del año escolar actual. Peticiones para reembolsos son honorados solamente si el pago fue depositado en la cuenta durante el año escolar actual. Visite nuestra página Web para imprimir una forma para petición de reembolsos y más información detallada.

El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación hacia sus clientes, empleados y solicitantes de empleo por motivos de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, temor a represalias y, según corresponda, creencia política, estado civil, condición familiar o paternal, orientación sexual, si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida en el empleo o en cualquier programa o actividad realizada o financiada por el Departamento. (No todos los motivos prohibidos se aplicarán a todos los programas o actividades laborales).

Si desea presentar una queja por discriminación bajo el programa de Derechos Civiles, llene el formulario de quejas por discriminación del programa del USDA que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario.

También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Las personas sordas, con dificultades auditivas o con discapacidad del habla pueden contactar al USDA por medio del servicio federal de retransmisión al (800) 877-8339 o al (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Santa Clarita Valley 학교 급식서비스 대행사

중식, 조식 식대 및 2015/2016 회계연도 선불 정책

식대

학생 중식 한끼 당 정식 식대는 모든 학년((K-8) 다 같이 \$3.00 입니다. 정가 조식 식대는 **모든** 학생 다 같이 \$1.50 입니다 (K-8) 학년). **우리는 식대 선불을 권장합니다.** 선불은 매일 아침 등교시에 돈을 가지고 다닐 필요가 없으며, “마음을 편안하게” 하고, 자녀의 돈이 학교 급식에 사용되는 것을 알게 됩니다. 우리는 몇 가지 선불 방법들을 제공하는데, 모두 귀하의 돈을 절약 시켜줍니다. 아래를 보아주시기 바랍니다. 중식 시간 “정체”을 피하기 위해 수업시작 이전 또는 휴식시간이 반드시 이루어져야 합니다. 선불은 반드시 학교 시작전이나 휴식시간에 이루어져야 합니다. 따라서 학생들이 점심 식사를 보다 빨리 할 수 있게 됩니다.

우리는 식대 선불을 권장합니다: www.payforit.net; 학교 급식서비스 대행사 www.scvschoolnutrition.org

선불 보너스

또는 그 이상 선불하시는 경우, 학생의 식대계정에 보너스가 적립됩니다:

입금액이 \$ 51. - \$100. 인 경우, 5%의 보너스가 식대계정에 적립됩니다.

입금액이 \$101. - \$200. 인 경우 7.5%의 보너스가 식대계정에 적립됩니다.

입금액이 \$201. 또는 그 이상인 경우 10%의 보너스가 식대계정에 적립됩니다.

그리고 사용하지 않은 금액은 다음 학년도로 이관 될 것입니다.

조식 식대인지 아니면 중식 식대인지 알려 주십시오.

무료 또는 식대 할인 -

무료 또는 할인 된 식사 자격을 획득 또는 재 획득 하기 위해서는 **2015/2016 신청서**를 새로 제출하시어 승인을 받아야 합니다. 신청양식은 학교 사무실과 급식서비스 대행사 웹사이트 www.scvschoolnutrition.org 에서 구할 수 있습니다. 우리는 이 기회를 이용하시도록 권장합니다. 문의사항은 급식 대행사 사무실로 연락 주십시오: 전화 (661) 295-1574 내선번호 108.

현금 지불

아동이 \$10.00 이상의 금액을 학교로 가지고 오는 경우, 거스름 돈을 아동에게 주라는 사인된 서면 요청이 없는 한 전액 모두 해당 학생의 식대계정에 적립됩니다. 이는 돈 “분실” 문제를 예방하기 위한 것입니다.

IOU 정책

우리는 연방 기금으로 운영되기 때문에, 외상 (IOU's)을 확대 할 수 **없습니다**, 돈이 없는 아동의 경우 우유와 샐러드 바만 제공됩니다. 샐러드 바는 두 가지 과일과, 상추, 야채, 감자, 그리고 디저트로 이루어져 있습니다. 한 학생당 최대 두(2)개의 샐러드 바 중식(부분적인 식사)이 제공되며, 이후 학생을 사무실로 보내, 학부모님을 모셔 중식에 대해 합의 하거나 돈을 납입하시도록 합니다.

양식은 우리의 홈페이지 www.scvschoolnutrition.org 와 학교 식당에서 구할 수 있습니다.

환불 정책

선불하신 식대 환불은 본 대행사의 서비스 지역을 떠나시는 경우에만 해당됩니다. 이미 먹은 식대는 중식 한끼 당 \$3.00 조식 한끼당 \$1.50의 정식 가격으로 재 계산될 것입니다. **잔액에서 처리 수수료 \$3.00 가 차감 됩니다.** 그리고 잔액은 서면요청 시 환불됩니다 (환불 요청 양식을 참조 하십시오).

잔액에 대한 환불요청은 당해 학년도의 경우 6 월 30 일 이전까지 접수 되어야 합니다. 환불 요청은 당해 학년도에 해당 계정에 적립된 금액에 한해서만 가능합니다. 환불요청 양식과 더 자세한 정보는 우리의 웹 사이트 www.scvschoolnutrition.org 을 참조 하십시오.

연방법과 미국 농업 부 정책에 따라, 이 기관은 인종, 국적, 성, 연령, 또는 지체장애를 이유로 인한 차별이 금지되어 있습니다.

차별 불만에 대한 고소의 서면접수는 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 로 하시거나, 또는 (202) 720-5964 로 전화 주십시오(음성 및 TDD). USDA 는 동등한 기회와 고용을 제공합니다.

School Meal Bonus Credits Program 2015/16 SY

The Santa Clarita Valley School Food Services Agency is able to offer a bonus program as an incentive to pre-pay for your students breakfast/lunch account. Beginning with the 2015/16 School Year the bonus schedule is as follows:

<u>Deposit</u>	<u>Bonus Credits %</u>
\$ 51-\$100	5% of your payment
\$101-\$200	7.5% of your payment
\$201+	10% of your payment

The Santa Clarita Valley School Food Services Agency offers a “bonus” with the meal program as an incentive to pre-pay your student’s lunch/breakfast account.

Bonus credits are tracked on each school cafeteria computer. You may check your bonus credit balance by calling or visiting the school cafeteria. NOTE: Bonus credits are not reflected on the online payment system’s (www.PayForIt.net) screens, e-mail notifications or automatic payments.

Bonus credits do carry over from year to year but are not “real” money and are non-refundable and non-transferable. The system uses all deposited “real” money first and uses the “bonus credits” second. It is recommended that you use the bonus credits before making additional deposits.

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355* (661) 295-1574 * Fax (661) 295-0981

TO: All Principals and Office Managers
CC: Site Managers and Cashiers
FROM: Lynnelle Grumbles, CEO *LG*
RE: Free and Reduced Eligibility and I.O.U. Policy 2015/2016 SY
DATE: July 1, 2015

As each school year starts misconceptions and rumors spread about Food Services information (National School Lunch/Breakfast Program). Who is and who is not eligible for free meals and our IOU policy are the most commonly misunderstood. To clear up these issues I'm enclosing a few basic guidelines:

1. All students who were eligible for Free or reduced price meals last school year (2013/14) are carried over for the first 30 days of the new school year. Parents have up to 30 days after school starts to submit a new application. If a new application has not been received and approved by the 31st calendar day (counting from the first day of school) the student's status will automatically change to **paid**, and they will have to pay full price for their meals until their application is processed.
2. **New students (new enrollees) are not eligible for the benefits, until an application is submitted AND approved. Until then they must pay full price for their meals.**
3. **We operate with Federal funds, so we can NOT extend any credit (IOU's). Federal grants can not be used for lending.**

However...If a child does not bring money for lunch, a milk and salad bar will be offered to the child. There is no charge for this partial meal, but this will only be allowed twice. This should give the student plenty of time to bring money from home. If the student has taken advantage of the two "salad bar days" and the child continues to come to school without money for lunch, the student will be sent to the office to call the parents to make arrangements for a lunch to be brought to the school.

These "salad bar" partial meals are NOT available during breakfast service.

Parents are encouraged to pre-pay for their students' school meals; this eliminates the need to carry money to school daily. Pre-paying MUST be done before school begins or during recess – to ensure efficiency at lunchtime. This will allow the children to move more quickly through the lunch line.

I'm sorry, but we cannot "bend" the rules as we are dealing with Federal Regulations, and the USDA closely monitors our compliance. We could be penalized by relatively large financial fines if we fail to comply.

If you have any questions regarding this memo feel free to contact me at (661) 295-1574 x 103.

Thank you for your support.

OVERVIEW OF GUIDELINES

- Free/Reduced children must not be singled out or treated any differently than a child with a pre-paid account.
- As a new school year begins the prior year's Free and Reduced students are carried over for the first thirty days of the new school year. If a new application has not been turned in AND APPROVED by the 31st day, full payment must be paid for school meals.
***This 30 day grace period is *allowed* by the Federal Government, but is optional.
- Applications must be approved before the child can be fed at "free" or "reduced price" status. (The child is not free because an application has been turned in). *An incomplete or incorrect application will be returned for completion, delaying the approval process.*

Charging of meals (IOU's) is not allowed under the Federal Guidelines. As a courtesy, we allow children to take from the salad bar and to take a milk so as not to go hungry. Because we have seen abuse of these "free" salad bar lunches there is a limit of two (2) salad bar lunches per child.

Field Trips:

- *Lunches should be requested from the cafeteria at least 10 working days ahead of time.
- *Parents can request a school lunch be prepared for their child using the Field Trip form provided to Office Managers and Principals. Please make copies as needed.
- *It may NOT be requested/required that children bring lunch from home.
- *The cafeteria may not provide lunches "just for the free kids". School lunch must be made available to all students regardless of the child's status (free, reduced, or paid).
- *Milk must be offered.
- *The Central Kitchen has coolers available for loan.

Storage of food in kitchen freezer and refrigerator is not allowed under the California Health Code.

(FYI: our freezers are not calibrated to keep ice cream frozen solid)

All children must be identified as they eat and a record kept of all children eating every day. Thus, all children must pass by the computer.

Lists of children on the free and reduced meal program may not be shared with any other organization or group, regardless of the intent or use of the information. See below:

IV PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC 1758(b)(2)(C)) or a regulation, any information about a child's eligibility for free and reduced-price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY
2015/2016 MEAL APPLICATION PROCEDURES

The principal may sign an application on behalf of a child, IF the Principal is aware of special problems in the family. This is valid for the entire school year; BUT may not override the child's eligibility resulting from an application submitted by the parent.

Food Stamp, CalWORKS, or FDPIR recipients are automatically eligible for free meal benefits; however, an application must be submitted (their case number**, an **adult signature** and the **names of the students** who qualify under this case number must be included).**

Send in ALL APPLICATIONS immediately! Meal applications are processed within ten (10) business days of receiving it. It would be greatly appreciated if the office staff, teachers and our employees would screen the applications for completeness – such as signature, date, last four digits of SS#, etc. Incomplete applications cannot be processed. Families should use only one application, on which they list **all family members** (whether they attend school or not). We do not accept FAXED applications or copies of the application (original signature must be submitted).

To process a regular APPLICATION, the following information is necessary:

1. Names of **all** family members living at home (list all adults and all children including those not yet in school and those out of elementary school), along with the grade, school each student attends and birthdate. Grade and school is needed in order to promote the student to the next level at the end of this year.
2. Income and last four digits of the Social Security number of each adult living at home **or** the AFDC/Food Stamp case number (if there is no Social Security number, check the box provided.). An adult shown on the form must print **and** sign their name on the form, and list the last four digits of social security number. If that person does not have a social security number, check the box provided; otherwise the application will be considered incomplete.

Incomplete applications cannot be processed and cause unnecessary delay. They will be returned to the home address on the application, if one is provided; and to the school, if there is no address on the application, for completion by the family.

We must have:

- (1) **names of all family members living at home**, including those of children not yet in school;
- (2) **grade, birthdate and school** each child attends;
- (3) **income and Social Security number (last four digits) of each adult living at home** **or** the CalWorks/Cal Fresh case number (if there is no Social Security number, check the box provided).
- (4) **Foster children** do not need to have their own application (see Letter to the Households about the National School Lunch Program). Households with foster/nonfoster children are encouraged to complete an application since foster children may be counted as a household member, which may help the foster

family's nonfoster children qualify for free or reduced-price meals based on the household size and income.

- (5) the **person filling out the form must print and SIGN IT (Section C), provide their Social Security number (last four digits), phone number and current address.**
- (6) **Children's Racial and Ethnic Identities (Section D)** is voluntary to answer.

Money collection procedures will remain the same as last year. At all levels, students wishing to purchase a discount lunch OR discount breakfast must pre-pay with cash, check or a money order. If a child brings \$10.00 or more to school, the money will be credited in full to their cafeteria account unless a signed note from a parent requests change is to be given to the child.

Students will retain their eligibility status from the previous year until a new application has been processed, or thirty (30) days from the beginning of the school year. Newly enrolled students will be eligible for free or reduced price meals if their siblings or other household members received meal benefits last year. Students transferring from one school to another will also retain their eligibility status from the previous year. **All other students will be expected to pay until their lunch status has been determined.** Parents and guardians of needy students unable to wait for approval must contact the Food Services Agency (295-1574 ext. 108) for immediate processing.

Please understand, only those students (and their sibling's just entering school) who had eligibility the last week of June can receive meals at the same level. In all other cases, parents **must provide money or a sack lunch until their applications have been processed and approved.**

The National School Lunch Program does not permit the cafeteria to extend credit (IOU's). The student will call home for their lunch or for money. If that doesn't work out, then the student will be allowed to have a salad bar lunch. That includes everything **EXCEPT** the hot entrée (milk and salad bar*). A limit of two (2) salad bar lunches is allowed.

*The salad bar consists of: a blend of lettuce, and a variety of fruits and vegetables.

If you have any questions regarding the free/reduced price applications, please feel free to call Faviola at (661) 295-1574 extension 108.

Sincerely,

Lynnelle Grumbles, PhD, RDN, SNS

Lynnelle Grumbles
Chief Executive Officer

LG/lhk


SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355 * (661) 295-1574 * Fax (661) 295-0981

Dear Parent/Guardian:

Children need healthy meals to learn. **Santa Clarita Valley School Food Services Agency (SCVSFSA)** offers healthy meals every school day. Students may buy lunch for **\$3.00** and/or breakfast for **\$1.50**. Eligible students may receive meals free or at a reduced-price of **\$0.40** for lunch and/or **\$0.00** breakfast. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.

Below are some common questions and answers to help determine your child's eligibility:

1. **DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?** No. **Use only one Application for Free and Reduced-Price Meals for all students in your household.** We cannot approve an application that is not complete, so be sure to complete all required information.
2. **WHO CAN RECEIVE FREE MEALS?** All children in households receiving benefits from **CALFRESH**, California Work Opportunity and Responsibility to Kids (**CalWORKs**), Food Distribution Program on Indian Reservations (**FDPIR**), or Kinship Guardianship Assistance and Payment (**KIN-GAP**) program can receive free meals regardless of your income. Also, your children can receive free meals if your household's gross income is within the free limits on the federal Income Eligibility Guidelines.
3.  **IF YOU HAVE RECEIVED A NOTICE OF DIRECT CERTIFICATION** for free meals, **DO NOT** complete the application.
4. **CAN FOSTER CHILDREN RECEIVE FREE MEALS?** Yes, foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals, but their meal eligibility is not extended to other non-foster children living in the same household. Households with foster/non foster children are encouraged to complete an application since foster children may be counted as a household member, who may help the foster family's non-foster children qualify for free or reduced-price meals based on the household size and income.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A NEW ONE?** **YES**, if you want to participate in the meal program. Your child's application is only good for that school year and for the first few days of this school year. A new application is needed, unless the school told you that your child is eligible for free/reduced-price meals for the new school year.
6. **WILL THE INFORMATION I PROVIDE BE CHECKED?** Yes. We may also ask you to send in written proof of your income and the interval in which you receive it.
7. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Lynnelle Grumbles, PhD, RDN, SNS, Chief Executive Officer, 25210 Anza Dr., Valencia, CA 91355; 661-295-1574 ext. 103**
8. **I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS; CAN MY CHILDREN RECEIVE FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
9. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
10. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made only \$900, state on the application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.
11. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children living with you.
12. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, you must include it as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay as income.

If you have any question or need help, call SCVSFA, Faviola at 661-295-1574 ext. 108 866-224-2076 ext.108

Sincerely,

Lynnelle Grumbles, PhD, RDN, SNS
Chief Executive Officer

**INSTRUCTIONS FOR APPLYING
TURN IN THE FORM TO THE SCHOOL CAFETERIA**

**NOTE: HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU
IF YOUR HOUSEHOLD RECEIVES CALFRESH, CALWORKS, FDPIR, OR
KIN-GAP BENEFITS, FOLLOW THESE INSTRUCTIONS:**

SECTION A: List all household members and the name of each child's school.

List the case number for any household member (including adults) receiving CALFRESH, CalWORKs, FDPIR, or KIN-GAP benefits.

SECTION B: Skip this part.

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

**IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR
RUNAWAY, OR IN HEAD START, FOLLOW THESE INSTRUCTIONS:**

SECTION A: List all household members and the name of each child's school. If any child you are applying for is Homeless, Migrant, in Head Start, or a Runaway check the appropriate box and call your school, homeless liaison, or runaway, Head Start or migrant coordinator.

SECTION B: See instructions for All Other Households or Mark X if no income

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

**IF YOU ARE APPLYING ON BEHALF OF 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 to indicate each foster child.

SECTION B: Skip this part.

SECTION C: Sign the form. The last four digits of a Social Security Number are not necessary.

SECTION D: Answer this question if you choose.

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

SECTION A: List all household members and the name of each child's school. For any person receiving no income, including children; you must check the "No Income" box. Check the box to indicate each foster child.

SECTION B: Complete only if a child in your household is not eligible under Section A – See instructions for All Other Households.

SECTION C: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if they do not have one).

SECTION D: Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW
THESE INSTRUCTIONS:**

SECTION A: List all household members and the name of each child's school. For any person receiving no income, including children, you must check the "No Income" box.

SECTION B: Follow these instructions to report total household income from this month or last month.

Name: List all household members with income.

Gross income and how often it is received: For each household member with income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

Earnings from work before deductions: Be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.

Income received from welfare, child support, or alimony: List the amount each person received.

Income received from Social Security, Supplemental Security Income, veteran's benefits, retirement benefits, or disability benefits: List the amount each person received.

All other income: All other income: List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from SNAP, FDPIR or WIC, federal education. For self-employed persons only, under Earnings from Work, report income after expenses. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

SECTION C: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if you do not have one).

SECTION D: Answer this question if you choose.

**INCOME ELIGIBILITY GUIDELINES
July 1, 2015 - June 30, 2016**

Household Size	YEAR		TWICE PER MONTH		EVERY TWO WEEKS	
	YEAR	MONTH	MONTH	WEEKS	WEEK	
1*	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419	
2	\$ 29,471	\$ 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 household member add:

\$ 7,696 \$ 642 \$ 321 \$ 296 \$ 148

* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support

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

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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 and employer."

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355 * (661) 295-1574 * Fax (661) 295-0981

Estimado Padre/ Guardián:

Los niños necesitan comidas saludables para aprender. El Distrito Escolar/La Agencia **Santa Clarita Valley School Food Services (SCVSFSA)** toma parte en el Programa de Almuerzo Escolar Nacional y/o en el Programa de Desayuno Escolar. Comidas están servidas todos los días de escuela. Estudiantes pueden comprar el almuerzo por \$ 3.00 y el desayuno por \$ 1.50. Estudiantes elegibles pueden recibir comidas gratis o a precio reducido de \$ 0.40 para el almuerzo y \$ 0.00 para el desayuno. Estudiantes pueden comprar leche por \$ 0.50. Usted o sus hijos no tienen que ser ciudadanos estadounidenses para calificar para alimentos gratis a precio reducido.

A continuación se presentan algunas preguntas comunes y respuestas para ayudar a determinar la elegibilidad de su niño:

1. **¿NECESITO COMPLETAR UNA SOLICITUD PARA CADA NIÑO?** No. **Utilice solamente una aplicación para alimentos gratuitos o a precio reducido para todos los estudiantes en su hogar.** No podemos aprobar una aplicación que no está completa, así que asegúrese de completar toda la información requerida.
2. **¿QUIÉN PUEDE RECIBIR COMIDAS GRATIS?** Todos los niños en hogares que reciben beneficios de (CALFRESH), California Work Opportunity and Responsibility to Kids (CALWORKS), programa de distribución de alimentos en reservaciones indias (FDPIR), o parentesco tutela asistencia y programa de pagos (KIN-GAP) pueden recibir comidas gratis independientemente de sus ingresos. Además, sus hijos pueden recibir comidas gratis si su ingreso bruto de está dentro de los límites de la elegibilidad del ingreso federal .
3. **SI USTED HA RECIBIDO UNA NOTIFICACIÓN DE CERTIFICACIÓN DIRECTA para alimentos GRATUITOS, NO llene la solicitud.**
4. **¿NIÑOS DE CRIANZA PUEDEN RECIBIR COMIDAS GRATIS?** Sí, Niños de crianza (FOSTER) que están bajo la responsabilidad legal de un tribunal o agencia de cuidado de crianza son elegibles para las comidas gratis, pero su elegibilidad de comida no se extiende a otros niños No de Crianza que viven en el mismo hogar. Los hogares con niños de crianza son alentados a completar una Solicitud porque niños de crianza pueden ser considerados como un miembro del hogar, que puede ayudar a los niños No de Crianza de la familia adoptiva a calificar gratis o comidas a precio reducido basadas en el tamaño del hogar e ingresos.
5. **MI APLICACIÓN DE MI HIJO FUE APROBADA EL AÑO PASADO. ¿NECESITO COMPLETAR UNA NUEVA?** **Sí,** si usted quiere participar en el programa de alimentos. La Aplicación de su hijo sólo sirve para este año escolar y para los primeros días próximo año escolar. Es necesaria una nueva solicitud, a menos que la escuela le dijo que su hijo es elegible para comidas gratis/reducidos para el año escolar.
6. **¿SERÁ VERIFICADA LA INFORMACIÓN QUE PROPORCIONO?** **Sí.** También posiblemente le pidamos que envíe una prueba de ingreso y el intervalo en el que usted lo recibe.
7. **¿QUÉ PASA SI ESTOY EN DESACUERDO CON LA DECISIÓN DE LA ESCUELA CON RESPECTO A MI SOLICITUD?** **Debe de hablar con funcionario de la escuela. Usted también puede pedir una audiencia llamar o escribir a: Lynnelle Grumbles, PhD, RDN, SNS, Chief Executive Officer, 25210 Anza Dr., Valencia, CA 91355; 661-295-1574 ext. 103**
8. **RECIBO BENEFICIOS DEL PROGRAMA (WIC); ¿MIS HIJOS PUEDEN RECIBIR COMIDAS GRATIS?** Los niños de hogares que participan en WIC **pueden** calificar para recibir comidas gratis o a precio reducido. Por favor, envíe una solicitud.
9. **¿PUEDO SOLICITAR ALIMENTOS GRATUITOS O A PRECIO REDUCIDO AUNQUE NO SEA CIUDADANO ESTADOUNIDENSE?** **SI,** Ni usted ni sus Hijos tienen que ser ciudadanos estadounidenses para calificar.
10. **¿QUÉ PASA SI MIS INGRESOS NO SON SIEMPRE LO MISMO?** Anote el monto que recibe regularmente. Por ejemplo, si gana regularmente \$1,000 cada mes, pero el mes pasado no trabajo parte del tiempo y solo gano \$900, ponga aun que gana regularmente \$1,000 al mes. Si trabaja tiempo extra regularmente , incluya lo que gana. No lo incluya si trabaja tiempo extra solo algunas veces. Si perdió el empleo o le han reducido las horas. de trabajo o el sueldo, use su ingreso actual.
11. **¿A QUIENES DEBO DE INCLUIR COMO MIEMBROS DE MI UNIDAD FAMILIAR?** Tiene que incluir a todas las personas que vivan en su hogar, aunque sean parientes (como abuelos, otros parientes o amigos) **que compartan los Ingresos y los gastos.**
12. **ESTAMOS EN EL EJÉRCITO. ¿INCLUIMOS LO QUE RECIBIMOS “SUBSIDIO DE VIVIENDA” COMO INGRESOS?** Si usted recibe Subsidio de vivienda fuera de la base, usted debe incluir como ingresos. Sin embargo, si su vivienda es parte de la iniciativa de privatización vivienda militar no lo incluya. No incluya la cantidad que recibe de paga de combate como ingresos.

Si usted tiene cualquier pregunta o necesita ayuda, llame a SCVSFA, Faviola at 661-295-1574 ext. 108 866-224-2076 ext.108

Sinceramente,

Lynnelle Grumbles, PhD, RDN, SNS
Jefe Ejecutivo Principal

**INSTRUCCIONES PARA SOLICITAR
REGRESE LA SOLICITUD A LA CAFETERIA**

NOTA: UN MIEMBRO DE SU HOGAR ES CUALQUIER NIÑO O ADULTO QUE VIVE CON USTED.

SI SU HOGAR RECIBE CALFRESH, CALWORKS, FDIPIR O KIN-GAP BENEFICIOS, SIGA ESTAS INSTRUCCIONES:

SECCIÓN A: Liste todos los miembros del hogar y el nombre de escuela de cada niño. Liste el número del caso para cualquier miembro del hogar (incluyendo adultos) que recibe beneficios de CALFRESH, CALWORKS, FDIPIR o KIN-GAP.

SECCIÓN B: Ignore esta parte.

SECCIÓN C: Firmar la solicitud. Los últimos cuatro dígitos del número de Seguro Social no son necesarios.

SECCIÓN D: Responda solo si lo desea.

SI CUALQUIER NIÑO ESTA SIN HOGAR, ES MIGRANTE O FUGITIVO, O EN HEAD START, SIGA ESTAS INSTRUCCIONES:

SECCIÓN A: liste de todos los miembros del hogar y el nombre de escuela de cada niño. Si usted está solicitando para un niño Desamparado, Migrante, en Head Start, o un Fugitivo Marque la casilla apropiada y llame a su escuela, enlace sin hogar o fugitivo, Head Start o Coordinador de migrantes.

SECCIÓN B: Vea las instrucciones para demás los hogares o marque **X** si no tiene ingresos.

SECCIÓN C: Firmar la solicitud. Los últimos cuatro dígitos del número de Seguro Social no son necesarios.

SECCIÓN D: Responda solo si lo desea.

SI QUE ESTÁ SOLICITANDO PARA UN NIÑO DE CRIANZA (FOSTER CHILD), SIGA ESTAS INSTRUCCIONES:

• si todos los niños en el hogar son hijos de crianza:

SECCIÓN A: liste todos los niños adoptivos y el nombre de la escuela para cada niño. Marque la casilla para indicar niño de crianza.

SECCIÓN B: Ignore esta parte.

SECCIÓN C: Firme la solicitud. Los últimos cuatro dígitos del número de Seguro Social no son necesarios.

SECCIÓN D: Responda solo si lo desea.

• Si Solo algunos de los niños en el hogar son hijos de crianza:

SECCIÓN A: Liste de todos los miembros del hogar y el nombre de escuela de cada niño. Para cualquier persona que no recibe ingresos, incluyendo a los niños; debe marcar la casilla "No ingreso". Marque la casilla para indicar cada Nino de crianza.

SECCIÓN B: Complete solamente si un niño en su hogar no es elegible bajo la Sección A. Vea las instrucciones para todos los hogares.

SECCIÓN C: Miembro adulto del hogar debe firmar la solicitud y la lista de los últimos cuatro dígitos de su número de Seguro Social (o marque la casilla si no tienen uno).

SECCIÓN D: Responda solo si lo desea.

PARA LOS DEMÁS HOGARES, INCLUYENDO LOS HOGARES QUE RECIBEN WIC, SIGA ESTAS INSTRUCCIONES:

SECCIÓN A: liste de todos los miembros del hogar y el nombre de escuela de cada niño. Para cualquier persona que no reciba ingresos, incluyendo los niños, debe marcar la casilla "**No ingreso**"

SECCIÓN B: Siga estas instrucciones para declarar los ingresos recibidos durante el mes pasado.

Liste a todos los miembros del hogar que tengan ingresos.

Ingresos Brutos y con qué frecuencia se recibieron: Para cada miembro del hogar, liste el tipo de ingreso recibido durante el mes. Tiene que decirnos con cual frecuencia recibe el dinero—semanalmente, cada dos semanas, dos veces al mes o mensualmente.

Para declarar ingresos por trabajo asegúrese de anotar el Ingreso bruto, no el dinero que lleva a la casa. El ingreso bruto es el monto que usted gana antes que le descuenten los impuestos y otras deducciones.

Ingresos provenientes de: beneficencia pública, manutención de menores, pensión alimenticia, pensiones de jubilación, seguro social, seguro suplementario (SSI), beneficios de veteranos y beneficios por discapacidad. : Liste la cantidad por cada persona recibida.

Todos los demás ingresos: anoten compensación a trabajadores los beneficios por desempleo o huelga, contribuciones regulares que recibe por personas que no viven en su hogar y cualquier otro ingreso. No incluya los ingresos de los programas SNAP, FDIPIR, WIC. Para las personas que trabajan por cuenta propia, declare los ingresos después de los gastos .Eso se refieren a su negocio. Si usted está en la iniciativa de vivienda militar privatizada o recibe paga de combate, no incluya estos subsidios como ingresos.

SECCIÓN C: Miembro adulto del hogar debe Firmar la solicitud y liste de los últimos cuatro dígitos de su número de Seguro Social (o marque la casilla si no tienen uno).

SECCIÓN D: Responda solo si lo desea.

GUIA DE INGRESOS

1 de Julio del 2015 - 30 de junio del 2016

Household Size	TWICE PER EVERY TWO				
	YEAR	MONTH	MONTH	WEEKS	WEEK
1*	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,471	\$ 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
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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 household member add:
\$ 7,696 \$ 642 \$ 321 \$ 296 \$ 148

* Un hogar de uno significa un niño Foster, un niño en cuidado fuera del hogar o un estudiante que es su único apoyo.

Se le notificará por la escuela cuando su solicitud para alimentos gratis o a precio reducido sea aprobada o negada. Conserve la carta de elegibilidad para sus registros.

El Departamento de Agricultura de Estados Unidos prohíbe la discriminación en contra de sus clientes, empleados y solicitantes de empleo sobre la base de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, la religión, la represalia, y donde, creencias políticas, estado civil aplicable, estado familiar o parental, orientación sexual, o la totalidad o parte de los ingresos de un individuo se deriva de cualquier programa de asistencia pública, o protegerse la información genética en el empleo o en cualquier programa o actividad realizada o financiada por el Departamento. (No todas las prohibiciones se aplicarán a todos los programas y / o actividades de empleo.) Si usted desea presentar una queja programa de Derechos Civiles de la discriminación, completar el Formulario de Queja USDA Programa de Discriminación, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina de USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta que contiene toda la información solicitada en el formulario, envíe su formulario de queja o una carta a nosotros por correo en el Departamento de Agricultura, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, Estados Unidos, por fax (202) 690 a 7442 o al correo electrónico program.intake@usda.gov. Las personas sordas, con problemas de audición o discapacidades del habla pueden comunicarse con USDA a través del Servicio de Retransmisión Federal al (800) 877-8339; o (800) 845-6136 (español).
 El USDA es un proveedor y empleador igualitario."

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

25210 Anza Drive, Santa Clarita, California 91355 * (661) 295-1574 * Fax (661) 295-0981

학부모와 보호자께:

산타클라리타 밸리 학교급식 제공처(SCVSFSA)는 건강음식을 학사일정에 맞추어 제공하고 있습니다. 교육구(모든 학교 또는 정해진 학교)에 있는 학교에, 점심 또는 아침을 수업이 있는 모든날은 **무료**로 제공하고 있습니다. 부모나 자녀들이 무료나 할인된급식을 제공 받기위해 꼭 미국 시민권자일 필요는 없습니다. 우리가 제공하는 급식프로그램은 각가정의 수입을 고려한 해당 가족에게 연방정부와 거주정부의 도움으로 진행되는 것입니다. 우리는 학부모님들께서 신청하신 급식신청서에 의거하여 무료로 거의 모든학교(혹은 전체)에 무료급식을 제공 할수 있습니다.

아래사항은 자녀가 해당되는지에 대한 일반적인 질문과 답변입니다.

1. **각각의 자녀에게 모든 신청서가 필요한가요?** 아니요. 한가정의 모든 학생을 한 신청서(무료 또는 할인된급식 신청서)로 작성 합니다. 완벽하게 작성하지 않은 신청서는 우리가 사용할수 없습니다. 신청서에 요구되는 정보를 완벽하게 작성해야 됩니다.
2. **누가 무료급식을 제공받나요?** CALFRESH 에서 도움을 받고있는 모든학생, California Work Opportunity and Responsibility to Kids (CalWORKs), Food Distribution Program on Indian Reservations (FDPIR), or Kinship Guardianship Assistance and Payment (KIN-GAP) program, 이런 학생들은 학부모의 수입에 관계없이 무료급식을 제공받을수 있습니다. 또한, 한가정의 수입이 연방정부가 설정한 기준에 부합되면 자녀들은 무료급식을 제공 받을수 있습니다.



3. **만약에 학부모가 무료급식에 대한 확인서를 받으셨으면,** 신청서를 작성하실 필요가 없습니다.
4. **위탁아동은 무료급식을 받을수 있나요?** 예, 정부나 법원으로 부터 정식으로 위탁받은 아동들은 무료급식을 받을수 있습니다. 그러나 위탁받은 아동들의 급식이 같은집에 거주하는 위탁받지 않은 다른 아동들에게까지 제공되는 것은 아닙니다. 위탁받은 아동과 위탁받지 않은 아동들이 같이 거주하는 경우, 무료급식 신청서를 제출할것을 권장합니다. 왜냐하면 위탁아동들은 한가족으로 간주하여 정부에서 분류하기 때문에 가족수나 수입에 따라 위탁받지 않은 자녀들도 무료급식이나 할인된급식이 해당될수 있기 때문 입니다.
5. **내자녀가 작년에 무료급식에 해당했었습니다.. 새학년에 다시 작성해야 되나요?** 예, 만약 급식프로그램에 참가 하기를 원하신다면. 자녀들의 신청서는 해당되는 학년과 새학년이 시작된후 처음 며칠동안만 유효합니다. 학교에서 학부모와 학생에게 새학년도 무료급식이나 할인된급식에 해당된다는 말이 없으면 새로운 신청서가 필요합니다.
6. **내가 제공한 신청서를 조사를 하나요?** 예. 학부모께 수입증명서와 수입기간을 보내달라고 요청할수 있습니다.
7. **학교에서 내린 나의 신청서에 대한 결정에 동의 할수없는경우에는?** 학교담당자에게 **말씀 하셔야 됩니다.** 또한 이곳으로 전화나 편지로 재심을 청구 하실수 있습니다: **Lynnelle Grumbles, PhD, RDN, SNS, Chief Executive Officer, 25210 Anza Dr., Valencia, CA 91355; 661-295-1574 ext. 103**
8. **나는 현재 여성, 갓난아이, 어린이 (WIC) 혜택을 받고 있습니다; 내아이는 무료급식을 받을수 있나요?** 현재 WIC 혜택을 받고있는 가정의 아이들도 무료 또는 할인된급식을 받을수도 있습니다. 신청서를 보내시기를 바랍니다.
9. **우리가정에 미국시민권자가 아닌 사람도 신청가능 합니까?** 예. 귀하나 귀하의 자녀가 무료 또는 할인된급식을 받기위해 꼭 미국 시민권자이어야 할필요는 없습니다.
10. **나의 수입이 항상 일정하지 않은 경우는?** 보통 받으시는 금액을 적으십시오. 예를 들면, 매달 \$1,000 수입이 있으나, 지난달 일을 빠져서 \$900 의 수입이 있었으면 신청서에 월\$1,000 이라고 적으십시오. 만약 오버타임 수당이 정기적으로 지급된다면 포함시키십시오. 그러나 오버타임 수당이 정기적이지 아니면 포함시키지 마십시오. 만약 일을 잃으셨거나 시간과 급료가 줄었다면 현재 받는 수입을 적으십시오.
11. **가정의 어떤인원을 포함 시켜야 하나요?** 가정에 있는 수입과 지출을 같이 하는 모든인원 을 포함 시킵니다(예: 조부모, 친척, 친구). 귀하와 귀하와 같이 사는 자녀들도 포함 시켜야 합니다.
12. **현재 군대에 있습니다. 주택보조비를 수입으로 포함해야 하나요?** 만약 영외 주택보조비를 받으면, 수입으로 포함 해야 합니다. 하지만, 귀하의 주택이 군사 민영화계획의 일환이면, 주택보조금은 수입에 포함 시키지 마십시오. 전투수당은 수입으로 포함 시키지 마십시오.

질문사항이나 도움이 필요하시면, 전화 SCVSFA, Faviola at 661-295-1574 ext. 108 866-224-2076 ext.108

Sincere

Lynnelle Grumbles, PhD, RDN, SNS
Chief Executive Officer

신청서 설명서

신청서를 학교 카페테리아 에 제출하십시오

참고: 만약 귀하와 같이 거주하는 아동이나 성인이 CALFRESH, CALWORKS, FDPIR, OR KIN-GAP 을 받으면, 다음의 설명을 참조하십시오.

SECTION A: 가정의 모든 인원과 각 자녀의 학교를 적으십시오. 받고 계시는 CALFRESH, CalWORKs, FDPIR, or KIN-GAP 의 가족 케이스 번호를(성인 포함) 적으십시오 .

SECTION B: 안적으셔도 됩니다.

SECTION C: 서류에 서명하십시오. 마지막 네자리 사회 보장 번호는 필요하지 않습니다.

SECTION D: 만약 원하시면 SECTION D 에 적으셔도 됩니다. 만약 귀하가 가정의 어린이가, 노숙자, 이주 노동자, 가출아동, 또는 원조를 받으면 다음의 설명을 참조하십시오:

SECTION A: 가정의 모든 인원과 각 자녀의 학교를 적으십시오. 만약 신청 자녀가 노숙자, 이주노동자, 원조 받는 아동 또는 가출아동이면, 신청서의 해당란에 기입하고 학교, 노숙자 담당자, 또는 이주 노동자 담당자에게 연락 하십시오.

SECTION B: 다른 가족의 수입을 적으시고 만약 인컴이 없으면 수입없음란에 "X" 를 하십시오.

SECTION C: 서류에 서명하십시오. 마지막 네자리 사회 보장 번호는 필요하지 않습니다.

SECTION D: 만약 원하시면 SECTION D 에 적으셔도 됩니다 **IF YOU** 만약 위탁아동을 위해 신청서를 작성 하시면, 다음의 설명을 참조 하십시오:

•만약 가정의 모든 자녀가 위탁아동 이라면:

SECTION A: 모든 위탁자녀와 각자녀의 학교이름을 적으십시오. 각 위탁자녀란에 표시를 하십시오.

SECTION B: 안적으셔도 됩니다.

SECTION C: 서류에 서명하십시오. 마지막 네자리 사회 보장 번호는 필요하지 않습니다.

SECTION D: 만약 원하시면 SECTION D 에 적으셔도 됩니다

•만약 가정의 자녀중 위탁자녀가 있는 경우:

SECTION A: 가정의 모든 인원과 각 자녀들의 학교를 적으십시오. 자녀를 포함 가정의 누구든지 수입이 없으면 "수입없음" 란 에 표시를 하십시오. 위탁자녀는 각 위탁자녀란에 표시를 하십시오.

SECTION B: 귀하의 가정중에 SECTION A 에 포함할수 없는 자녀가 있는 경우에 적으십시오. SECTION A:모든 다른 가족 란을 참조 하십시오.

SECTION C: 가족중 성인이 서명하고, 서명한분의 사회보장번호 마지막 네자리를 적으십시오. (만약 사회보장번호가 없으면 사회보장번호 없음란에 표시 하십시오.)

SECTION D: 만약 원하시면 SECTION D 에 적으셔도 됩니다 **그외 모든 가정, WIC 을 받는 가정 포함: 다음의 설명을 참조하십시오**

SECTION A: 가정의 모든 인원과 각 자녀들의 학교를 적으십시오. 가족중 자녀포함 누구든지 수입이 없으면 "수입없음"란에 꼭 표시를 하십시오.

SECTION B: 이번달이나 지난달의 모든 수입을 보고 하실때 아래와 같은 설명을 참조 하십시오.

이름: 모든 가족의 이름 과 수입을 적으십시오.

공제전 수입 과 수입기간: 각각의 매달 받는 수입의 종류. 수입을 받는 기간 을 꼭 적어야 합니다. 예를 들면 일주단위, 격주단위, 한달에 두번 또는 매달.

공제전 직장에서 받는 수입: 집에 가져오는 금액이 아닌 공제전 금액을 적어야 합니다. 공제전 금액은 세금이나 다른 항목을 공제하기전 금액을 말합니다.

정부보조금 수입, 아동보조금, 이혼수당: 모든 보조금을 적습니다.

사회보장국 수입, 노인 보조금, 군인 연금, 은퇴 연금 또는 장애자 보조금: 해당되는 가족은 적으십시오.

모든 다른 수입: 산재보상금, 실업 보조금, 같이 거주 하지 않는 사람으로부터 정기적인 후원금, 그리고 모든 다른 수입.

SNAP, FDPIR or WIC 으로부터의 보조금, 연방정부의 교육보조금은 적으실 필요 없습니다. 자영업자들은 영업을 통해 얻는 수입의 경비를 공제한후 적으시면 됩니다. 만약 귀하가 군사 민영화 주거지에 있거나, 전투수당을 받으면 수입으로 적지 마십시오.

SECTION C: 가족중 성인이 서명하고, 서명한분의 사회보장번호 마지막 네자리를 적으십시오. (만약 사회보장번호가 없으면 사회보장번호 없음란에 표시 하십시오.)

SECTION D: 만약 원하시면 SECTION D 에 적으셔도 됩니다

자격에 관한 수입표

July 1, 2015 - June 30, 2016

가족수	한달에				
	년수입	월수입	두번받는수입	격주 수입	주 수입
1*	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	\$ 29,471	\$ 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

이외의 인원은 한명당 다음의 금액을 더할수 있습니다:

\$ 7,696 \$ 642 \$ 321 \$ 296 \$ 148

* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support

귀하는 학교를 통해 무료급식이나 저렴한급식 신청서 가부의 결과를 통보 받으실 것입니다

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 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
 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).
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Santa Clarita Valley School Food Services Agency

25210 Anza Dr., Valencia, CA 91355

661-295-1574 x108 866-224-2076

2015/2016

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR**

use Blue or Black ink and print neatly within boxes

LIST ALL CHILDREN AND SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION			
HSHLD SIZE:		HSHLD INCOME:	
FREE:		REDUCED: \$	DENIED: <input type="checkbox"/> income too high / <input type="checkbox"/> incomplete
FREE with: FS / CalWORKs / Kin-GAP / FDPIR			DC as: H M R EP <input type="checkbox"/>
Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12			
DETERM OFFICIAL:		DATE:	
VERIFICATION OFFICIAL:		DATE:	
			Site #

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION <i>List ALL children living in your household whether or not they attend school</i>					FOSTER CHILD		CHILD'S PERSONAL EARNED INCOME	SOURCE OF INCOME SOCIAL SECURITY, FOSTER CHILD, PERSONAL INCOME	FOOD STAMP (FS) CALWORKS, CAL FRESH, KIN-GAP, FDPIR	
LAST NAME	FIRST NAME	SCHOOL NAME (WRITE "NONE" IF NOT IN SCHOOL)	GRADE	DATE OF BIRTH mm/dd/yy	MARK "X" IF FOSTER CHILD	MARK "X" IF NO INCOME			Yes/No	IF YES CASE NUMBER (NOT EBT NUMBER)
1.				/ /			\$			
2.				/ /			\$			
3.				/ /			\$			
4.				/ /			\$			
5.				/ /			\$			

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R. Households submitting an application with a Benefit Case Number for Cal Fresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete. 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. HOUSEHOLD MEMBERS AND THEIR MONTHLY INCOME (IF ANY)

TOTAL HOUSEHOLD GROSS INCOME (BEFORE TAXES) You must tell us how much and how often. 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							
(LIST ALL OTHER HOUSEHOLD MEMBERS)		MARK "X" IF NO INCOME	GROSS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS, INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
LAST NAME	FIRST NAME						
1.		<input type="checkbox"/>	\$	\$	\$	\$	
2.		<input type="checkbox"/>	\$	\$	\$	\$	
3.		<input type="checkbox"/>	\$	\$	\$	\$	
4.		<input type="checkbox"/>	\$	\$	\$	\$	

Privacy Act Statement: The Richard B. Russell National School Lunch Act (Section 9) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a CalFresh, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. 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.

SECTION C. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

Federal information Statement on letter to households

Education Code 49557(a): Applications for Free and reduced-price meals may be submitted at any time during the 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. 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.

ADDRESS	CITY & ZIP CODE	TELEPHONE HOME:	CELL:
PRINTED NAME	LAST FOUR DIGITS OF SOCIAL SECURITY #	<input type="checkbox"/> I DO NOT HAVE A SSN.	
SIGNATURE		DATE	E-MAIL ADDRESS

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

This USDA and CDE are Equal Opportunity Providers and employ

1. Choose one or more:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Choose one ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino			

Santa Clarita Valley School Food Services Agency
 25210 Anza Dr., Valencia, CA 91355
 661-295-1574 x108 866-224-2076

2015/2016

SOLICITUD PARA ALIMENTOS ESCOLARES GRATIS Y A PRECIO REDUCIDO

utilice tinta azul o negro, complete con letra del molde
PRESENTAR SOLO UNA SOLICITUD POR HOGAR

SECCIÓN A. TODOS LOS HOGARES COMPLETEN ESTA SECCION

PARA USO DE LA ESCUELA SOLAMENTE – DETERMINACIÓN DE ELEGIBILIDAD			
HSHLD SIZE:		HSHLD INCOME:	
FREE:		REDUCED: \$	DENIED: <input type="checkbox"/> income too high / <input type="checkbox"/> incomplete
FREE with: FS / CalWORKs / Kin-GAP / FDIPIR		DC as: H M R	EP <input type="checkbox"/>
Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12			
DETERM OFFICIAL:		DATE:	
VERIFICATION OFFICIAL:		DATE:	Site#

INFORMACION DE ESTUDIANTES /NIÑOS <i>Liste todos los niños de su hogar que asistan o no a la escuela</i>					NIÑOS DE CRIANZA (FOSTER)		INGRESO PERSONAL DEL NIÑOS (S)	FUENTE DE INGRESO SEGURO SOCIAL, INGRESO PERSONAL ASISTENCIA DE ADOPCION?	ESTAMPILLAS DE COMIDA (FS) CALWORKS, CAL FRESH, KIN-GAP, FDIPIR	
APELLIDO	NOMBRE	NOMBRE DE LA ESCUELA (ESCRIBA "NONE" SI NO VA A LA ESCUELA)	GRADO	FECHA DE NACIMIENTO	MARQUE SI "X" NIÑO(S) DE CRIANZA	MARQUE SI "X" NO INGRESO			SI/NO	SI RESPONDIÓ "SI" ESCRIBA SU NUMERO DE CASO (NO NUMERO DE TARJETA)
1.				/ /			\$			
2.				/ /			\$			
3.				/ /			\$			
4.				/ /			\$			
5.				/ /			\$			

Si el niño por quien está aplicando esta es Desamparado, Migrante o Fugitivo, póngase en contacto con la escuela y circule la letra apropiada: H M R. los hogares presentar una solicitud con número de caso de beneficio de Cal fresca/CalWORKs para cada niño o un adulto miembro del hogar, por favor vaya a la sección C y complete. Un niño Foster que está bajo la responsabilidad legal de un tribunal o agencia de cuidado de crianza temporal es elegible para comidas gratis. Esta elegibilidad no se extiende a los demás niños en el hogar.

SECCION B. INGRESO MENSUAL DE LOS MIEMBROS DEL HOGAR

INGRESO TOTAL (ANTES DE IMPUESTOS) debe decirnos cuánto y con cual frecuencia. W= Semanal E= Cada dos Semanas, T= Dos Veces al Mes, M= Mensual Y= Anual. Si No Tiene ingresos, MARQUE "Caja de no Ingresos". NO LO DEJE EN BLANCO.								
(TODOS LOS MIEMBROS FAMILIA)	APELLIDO	NOMBRE	MARQUE "X" SI NO TIENE INGRESOS	SUELDO MENSUAL DE TRABAJOS ANTES DE DEDUCCIONES, INCLUYA TODOS LOS TRABAJOS	PENSION, JUBILACIÓN, SEGURO SOCIAL	WELFARE AYUDA ECONOMICA PARA NIÑOS, ASISTENCIA DE DIVORCIO	CUALQUIER OTRO INGRESO	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
1.			<input type="checkbox"/>	\$	\$	\$	\$	
2.			<input type="checkbox"/>	\$	\$	\$	\$	
3.			<input type="checkbox"/>	\$	\$	\$	\$	
4.			<input type="checkbox"/>	\$	\$	\$	\$	

La Ley Nacional del a Almuerzo Escolar Richard B. Russell, exige la información en esta solicitud .Usted no tiene que proveerla información pero si no lo hace, no podemos autorizar que sus hijos reciban comidas gratis o a precio reducido. Usted debe incluir el número de seguro social del adulto del hogar quien firma la solicitud. El número de seguro social no es necesario si su solicitud es para un NIÑO de crianza(Foster) o si usted incluye un numero de caso (o uno de los siguientes programas : Calfresh, CalWorks(opportunidades de trabajo) Kin-Gap) Asistencia de pago Kinship Guardián, o el programa de distribución de Alimentos en Reservas Indígenas (FDPIR) o cuando usted indica que el adulto que firma la solicitud no tiene número de seguro social. Usaremos su información para determinar si su hijo reúne los requisitos para recibir comidas gratis o a precio reducido y para la administración y el cumplimiento de los programas de los almuerzos y desayunos.

SECCIÓN C. TODOS LOS HOGARES DEBEN LEER Y COMPLETAR ESTA SECCIÓN

Información Federal en las cartas de los hogares

Código de Educación 49557(a): solicitudes para desayunos y comidas gratis o a precio reducido pueden presentarse en cualquier momento durante el año escolar. Los niños que participan en el programa nacional de almuerzos escolares no serán abiertamente identificados mediante el uso de fichas especiales, boletos especiales, líneas de servicio especiales, entradas separadas, comedores separados, o por cualquier otro medio. Yo certifico que toda la información anterior es verdadera y correcta (promesa) y que todos los ingresos son declarados. Entiendo que esta información se da en relación con el recibo de fondos federales que los funcionarios escolares pueden verificar la información sobre la aplicación en cualquier momento, y que la falsificación deliberada de datos me expone a ser enjuiciamiento bajo las leyes federales y estatales aplicables.

DOMICILIO	CIUDAD & CODIGO POSTAL	TELEFONO CASA:	CELULAR:
NOMBRE EN LETRA DE MOLDE		ULTIMOS 4 NUMEROS DE SEGURO SOCIAL #	<input type="checkbox"/> YO NO TENGO SEGURO SOCIAL
FIRMA	FECHA	CORREO ELECTRÓNICO	

SECCION D. IDENTIDADES ETNICOS Y RACIALES DE NIÑOS (OPCIONAL)

USDA y CDE son proveedores de igualdad de oportunidades y de los empleadores.

1. Apunte uno o más identidades raciales : Indígena Americano o Nativo de Alaska Asiático Negro o Africano – Americano Hawaiano u otro Islas del Pacifico Blanco
 2. Apunte identidad étnico: De origen Latino o Hispano No de origen Latino o Hispano

산타클라리타 벨리 학교급식 제공처
25210 Anza Dr., Valencia, CA 91355
661-295-1574 x108 866-224-2076

2015/2016

무료 또는 할인된 급식 신청서
또는 학사기간중 무료 우유

과란색 또는 검은색 잉크를 사용하시고 정자를 사용바람
가족당 한 신청서에 모든 아동을 기입하기 바랍니다

SECTION A. 모든 가정은 이부분에 필히 적으셔야 합니다

(학교에서 사용하는 부분) FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION			
HSHLD SIZE:		HSHLD INCOME:	
FREE:		REDUCED: \$	DENIED: <input type="checkbox"/> income too high / <input type="checkbox"/> incomplete
FREE with: FS / CalWORKs / Kin-GAP / FDIPIR		DC as: H M R	EP <input type="checkbox"/>
Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12			
DETERM OFFICIAL:		DATE:	
VERIFICATION OFFICIAL:		DATE:	
			Site #

학생/아동 정보 제학여부를 떠나 같이 거주하는 모든 아동					위탁아동		아동의 개인적인 수입	수입내역 사회보장국, 위탁아동 보조금, 개인 수입	푸드 스탬프(FS) CALWORKS, CAL FRESH, KIN-GAP, FDIPIR	
성	이름	학교이름 (학생이 아니면 없음 이라고 기명)	번호	생년월일 월/날/년	위탁아동 이면 "X" 로 표기	수입이 없으면 "X" 로 표기			예/아니오	해당 케이스 번호 (EBT 번호가 아님)
1.				/ /			\$			
2.				/ /			\$			
3.				/ /			\$			
4.				/ /			\$			
5.				/ /			\$			

신청하는 아동이 노숙자(H), 이주 노동자(M) 또는 가출아동(R) 이면 학교에 연락하시고 해당 글자에 원을 그리십시오: H M R. 귀하의 가정이 Cal Fresh/CalWORKs에서 보조를 받고 계시면 해당되면, SECTION B는 기입을 안하셔도 됩니다. 정부나 법원으로 부터 정식으로 위탁받은 아동들은 무료급식을 받을수 있습니다, 그러나 위탁받은 아동들의 급식을 같은집에 거주하는 위탁받지 않은 다른 아동들에게 제공하면 안됩니다.

SECTION B. 가족 구성원과 구성원의 월수입(모든 수입)

총가족구성원 수입 (세금 전수입) 금액과 수령기간을 반드시 적으십시오 W=주단위, E=격주 단위, T=한달에 두번, M=매달, Y=년수입. 만약 수입이 없으면, "수입없음"란에 꼭 표시 하십시오. 공란으로 두시면 안됩니다						
(수입이 있는 가족 구성원)	수입없음 표시 "X"	총수입 공제전의 모든수입	보조금 은퇴연금 사회보장금	정부 보조금 자녀 양육비 이혼수당	다른 수입원	(학교사용란)FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
성	이름					
1.	<input type="checkbox"/>	\$	\$	\$	\$	
2.	<input type="checkbox"/>	\$	\$	\$	\$	
3.	<input type="checkbox"/>	\$	\$	\$	\$	
4.	<input type="checkbox"/>	\$	\$	\$	\$	

개인 비밀법 조항: The Richard B. Russell National School Lunch Act (Section 9)는 다음과 같은 정보를 요구합니다. 귀하의 정보를 꼭 꼭 필요는 없습니다, 그러나 안주시면 귀하의 자녀를 무료 또는 할인급식을 승인 할수 없습니다. 신청서에 서명을 하는 성인가족은 사회보장번호 마지막 네자리를 꼭 적으셔야 합니다. 위탁자녀를 위한 신청서나 귀하의 자녀가 CalFresh, California Work Opportunity (CalWORKs) Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number 또는 다른 FDPIR identifier 에 해당이 되는경우 혹은 사회보장번호가 없는경우는 사회보장번호를 안적으셔도 됩니다. 귀하의 정보에 의하여 우리는 귀하의 자녀가 무료 또는 할인된급식가격을 받을수 있는지 결정할 것이며, 아침과 점심을 제공할 것입니다.


SECTION C. 모든 가족구성원은 읽어보시고 이부분을 작성하시기 바랍니다.

연방정부에서 가정에 드리는 글입니다

Education Code 49557(a): 무료 또는 할인된 급식신청서는 학사일정중 언제든지 신청하실수 있습니다. 정부에서 시행하는 학교급식에 해당하는 아동들은 토큰, 티켓, 차별된 줄서기, 차별된 입구, 차별된 장소 또는 어떤 다른 이유로도 명백하게 구분되지 않습니다. 나는 위에 적은 모든 사항들이 진실이며 정확하고 모든 수입이 보고 됐음을 확인(약속)합니다. 나는 학교담당자가 주어진 정보에 의해서 정부에서 받은 보조금에 대하여 신청서에 있는 사항을 언제든지 확인 할수 있으며, 기재된 허위정보는 가주와 연방법에 의하여 기소될수도 있음을 이해합니다.

주소	시 & 우편번호	전화	집:	셀:
이름	소셜 시큐리티 마지막 네자리 번호	<input type="checkbox"/> 소셜시큐리티 번호 없음		
서명:	날짜:	이메일 주소:		

Memo

Date: 7/1/15
To: Principals, School Nurses
From: Lynnelle Grumbles, Ph.D., RDN, SNS 
Santa Clarita Valley School Food Services Agency (SCVSFSA)
Cc: Tracy Fiscella, MS, RDN, SNS, Site Team Leaders, Jane Crawford,
Nancy Haddock, Jo Kremer & SCVSFSA Board of Directors
Re: School Food Service and Food Allergies

Every year we receive inquiries regarding concerns for students with food allergies. Although incidence of food allergies is relatively low, it is estimated that one-tenth of 1% of the population suffer from peanut allergies (CDC); other experts estimate that up to 2% of the population may be sensitive to peanuts, it is a valid concern as severe allergies can be life-threatening.

SCVSFSA does not put peanuts or tree nuts on salad bars. Our PB&J sandwiches are distributed in sealed packages. While we are trying to do our best to prevent any potential allergic reactions, the Food Allergy Network suggests the following guidelines:

- **Arrange a meeting with the parents of each child identified as having a food allergy.** Include the child's teacher, school nurse, and cafeteria site manager. Require up-to-date medical information and appropriate medications to be kept by the school nurse.
- Make sure that a current copy of a Medical Statement for Special Meals (see attached) is completed and kept in the school nurse's office. Make additional copies for the child's teacher and the cafeteria.
- Refrain from using food items in classroom projects or as rewards/incentives in classes that have children with food allergies. Stress to students that food trading is not allowed.
- Conduct allergy emergency drills with the nurse and the child's teachers so that everyone is prepared to handle a reaction.

Incidentally, The Food Allergy Network cautions against banning peanuts and peanut butter in schools because it gives parents a false sense of security, increasing the chance that their child may eat items that accidentally contain peanut products.

If you have additional questions or concerns please contact Tracy Fiscella, M.S., R.D., School Nutrition Specialist, at (661) 295-1574 ext. 117. Her office hours are from 8:30 a.m. – 1:30 p.m. on Tues., Wed., Thurs. & Friday. Email address is: tfiscella@scvsfsa.net

Attachments: <http://www.foodallergy.org/ehcp.pm.pdf>

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name	2. Site Name	3. Site Telephone Number											
4. Name of Participant		5. Age or Date of Birth											
6. Name of Parent or Guardian		7. Telephone Number											
8. Check One: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form. <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.													
9. Disability or medical condition requiring a special meal or accommodation:													
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:													
11. Diet prescription and/or accommodation: <i>(Please describe in detail to ensure proper implementation-use extra pages as needed)</i>													
12. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed													
13. Foods to be omitted and substitutions: <i>(Please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">A. Foods To Be Omitted</td> <td style="width: 50%; text-align: center; border: none;">B. Suggested Substitutions</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>				A. Foods To Be Omitted	B. Suggested Substitutions	_____	_____	_____	_____	_____	_____	_____	_____
A. Foods To Be Omitted	B. Suggested Substitutions												
_____	_____												
_____	_____												
_____	_____												
_____	_____												
14. Adaptive Equipment:													
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date										
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date										

* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, etc.).
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability (e.g., Allergy to peanuts causes a life-threatening reaction).
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a nondisabling condition (e.g., All foods must be either in liquid or pureed form. Participant cannot consume any solid foods).
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
B. Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.


Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.

SANTA CLARITA VALLEY SCHOOL FOOD SERVICES AGENCY

'OUTSIDE FOOD' RECOMMENDATIONS (COMPETITIVE SALES)

To: Principals, Assistant Principals, Activity Directors,
Office Managers, School Support Groups

From: Lynnelle Grumbles, RDN, SNS, Chief Executive Officer 

Re: Rules and Regulations That Effect Sales of Food on School Sites

Date: July 1, 2015

I would like to bring to your attention some of the rules and regulations pertaining to 'outside food'. Last year, we did not experience any major violations of the regulations. However, a year or two ago we learned about one Southern California school district where parents brought in some home prepared meals and a major outbreak of food poisoning occurred. One of the school employees was on disability, and the district was facing a major law suit.

1. According to the California Administrative Code, Title 5, Section 15500 states: **elementary schools may have only four (4) lunch time sales per school year with one item per sale.** Any additional sales must be conducted after lunch. California Administrative Code, Title 5, Section 15501 for **middle, junior and senior high schools** states that **only four (4) "free-for-all" sales per year (two per semester) are allowed.**

COMMENT:

During the school year only four sales (one item per sale) are allowed to be conducted, on the **campus**, in direct competition with the school lunch program. Some groups, i.e. PTA's, ASB, Athletic Departments, Clubs, teachers, etc., have sold food items more than four (4) times per school year to the students before and/or during lunch. Please have these groups or individuals coordinate their efforts with the Food Services Agency so the District remains in compliance with this regulation.

2. According to the State of California, Department of Health Services, California Uniform Retail Food Facilities Law, Article 7, Section 27604: **"No food prepared or stored in a private home shall be used, stored, served, offered for sale, sold or given away in a food facility or school."**

COMMENT:

Most often overlooked, this is an important regulation. Your District has liability for any food stored or served on their campuses. Without conferring with the Food Services Agency, it is important that no "outside" food be served to students. Food for class parties & special events should either be purchased from the Food Services OR from a reputable supplier or store, kept in the original sealed container (with a receipt).

The Agency believes that during school hours, the Food Services Agency shall be responsible for all food and snacks served on campus to the students. This applies to classroom parties, end-of-the-year lunches, reward incentives and fund raisers, including the PTA carnival. State competitive food sale regulations shall be enforced at all times.

The Agency realizes that food sales sponsored by student groups, the PTA or other clubs help raise funds for essential, varied purposes for the school(s). At the same time, your School District is still liable for any illness injuries or damage incurred during these activities.

The Food Services Agency will be more than willing to help you with your food needs for any special occasion, party, promotional or fund raising sale.

Please contact us with any questions or concerns at (661) 295-1574: Jane Crawford (ext. 113).

TEACHERS: These forms must be given to the cafeteria no later than 10 days before your scheduled field trip.

Dear Parents/Guardian,

When students go on field trips, sack lunches are available through our School Cafeteria. If you would like your child to receive a school lunch while on their field trip, simply fill out the bottom section of this letter and send it back to your school tomorrow with the amount of money, if any, that your child normally pays for their school lunch.

If your child qualifies for free lunch or has a prepaid lunch account, simply fill out the bottom section of this letter and return it to the school. If your child qualifies for reduced price lunches, the cost is .40¢. If your child pays full price for lunch (*and is not already pre-paid*), the cost is \$3.00. Please complete the section below and send any money due.

Complete this section and return to school (be sure to include any money that is due).

Student's Name _____ ID # _____

Teacher _____ Grade ____ Date of Field Trip _____

_____ Money enclosed (My child pays for lunches on a daily basis)

_____ No money enclosed (My child is either Prepaid or Free)

"Sack" Lunch Menu
(check which sandwich you prefer)

PB&J (Peanut Butter & Jelly) Sandwich

OR

Deli Sandwich (as available)

includes...

Fresh Fruit

Fresh Vegetable

Cookie

Milk

Maestros: Estas formas deben ser entregadas a la cafetería por lo menos 10 días antes de la fecha del paseo.

Estimado/a Padre/Tutor,

Cuando los estudiantes salen de paseo, hay almuerzos para día de campo disponibles por medio de la cafetería de la escuela. Si a usted desea que su hijo/a reciba un almuerzo durante el paseo, simplemente llene la sección de debajo de esta carta y regrésela mañana a su escuela junto con el dinero que su hijo/a normalmente paga por su almuerzo.

Si su hijo/a califica para almuerzos gratis o tiene una cuenta prepagada, simplemente llene la sección de debajo de esta carta y regrésela a la escuela. Si su hijo/a califica para almuerzo reducido, el costo es .40¢. Si su hijo/a paga el precio completo por sus almuerzos (y no ha sido prepagado), el costo es \$3.00. Por favor complete la sección de abajo y manda el dinero debido.

Complete esta sección y regrésela a la escuela (por favor incluya el dinero debido).

Nombre del Estudiante _____ ID # _____

Maestro/a _____ Grado ____ Fecha del Paseo _____

Escuela _____

_____ Dinero incluido (Mi hijo/a paga por almuerzos diariamente)

_____ No he incluido dinero (Mi hijo/a es o Prepagado o Gratis)

Menú del Almuerzo de Paseo
(Elija el sándwich que prefiere)

PB & J (Sándwich Crema de Cacahuete y jalea)

O

Sándwich de jamón

Incluye...

Fruta Fresca

Palillos de Verduras

Galleta

Leche

선생님들께: 선생님의 예정된 견학을 떠나기 늦어도 10 일 이전에 이들 양식을 반드시 교내 식당에 제출하셔야 합니다.

학부님/보호자 분들께,

학생들이 이번 견학 여행을 떠날 때 교내 식당 도시락(Sack lunch)를 이용할 수 있습니다. 자녀가 견학 중 학교에서 제공하는 점심을 먹기 원하시는 분은 이 편지의 마지막 부분을 작성하시어, 해당되는 경우, 학생들이 보통 점심값으로 지불하는 금액과 함께 내일 학교에 제출하시기만 하면 됩니다.

만약 자녀가 무료 점심을 먹을 자격이 있거나, 점심 값을 이미 납입한 경우, 이 편지의 마지막 부분을 작성하시어 학교에 제출하시기만 하면 됩니다. 자녀가 할인 점심을 먹을 수 있는 자격이 있는 경우, 그 비용은 **0.40¢** 입니다. 자녀가 점심값 전액을 내는 (그리고 이미 선불 납입하지 않은) 경우 그 비용은 **\$3.00** 입니다. 아래 부분을 작성하시고 납입하셔야 할 금액을 보내주십시오.

이 부분을 작성하시어 학교에 제출해주세요(지불해야 할 금액을 함께 포함시키는 것을 잊지 마세요).

학생의 성명 _____ ID #(신분 번호) _____

교사 _____ 학년 _____ 견학여행 일자 _____

_____ 돈을 동봉함(제 아이는 매일 단위로 점심값을 지불합니다)

_____ 돈을 동봉하지 않음 (제 아이는 선불 납입 했거나 무료 입니다)

“도시락” 점심메뉴
(어떤 샌드위치를 좋아하시는지 체크하세요)

땅콩 버터와 젤리 샌드위치

또는

조제 샌드위치

다음 포함.....

신선한 과일

야채 줄기

쿠키

우유

Cafeteria Account Refund Request

** A refund request can only be honored if the payment was made during the current school year, or no later than June 30th of the closing school year (if the refund period goes beyond the current school year, a \$25.00 research fee may apply). Leftover money will be carried from one school year to the next, however if money is carried for more than one school year and still is unused a refund cannot be issued. Money can, with parent's permission, be moved from one sibling to another at any time. A \$3.00 administrative fee will be deducted from the refund.

Date: _____

I, _____ am requesting a refund of any remaining money from my
(your name)

_____, _____ cafeteria account at
(relationship to student – son, daughter, etc) (student's first AND last name)

_____ School.

I am requesting this refund because: _____

Original form of payment: Paper Check _____ Cash _____ Pay For It: Check _____ CC _____

How much? _____ Check # (if applicable): _____

Name on Check _____

Are you the same person who issued the original funds? If not, please explain.

NOTE: The person requesting the funds must be the original purchaser.

Please mail a check to the following address: (**Please print clearly**)

Name: _____

Address: _____

City, zip: _____

Phone #: _____

e-mail: _____

Signature: _____

(required- electronic signature is acceptable)

Allow approximately 2 – 3 weeks for the check to be processed (checks are requested through the Los Angeles County Office of Education.)

Requests can be **faxed, e-mailed or directly mailed** to:

S.C.V.S.F.S.A, 25210 Anza Drive, Valencia, CA 91355, ATTN: Susan

Fax: 661-295-0981; E-mail: faviola@scvsfsa.net; Phone: 661-295-1574 ext. 103

I:\Website\Refund Request