



**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
NUTRITION SERVICES DEPARTMENT**

880 S. Lemon Avenue • Walnut, California 91789
(909) 595-1261 x31322 or x31313

OFFICE HOURS: Monday – Friday 7:30 a.m. – 4:00 p.m.

**2021-2022
FREE AND REDUCED PRICE
MEAL APPLICATION**

ONE (1) APPLICATION PER HOUSEHOLD

- Meal applications are NOT just for meals. They can also help increase district funding.
- Approval can take up to 10 days from the day it is received and date stamped by the Nutrition Services Department.
- Send completed application directly to Nutrition Services: 880 S. Lemon Ave. Walnut, CA 91789 or scan to nutrition@wvusd.org.
- Incomplete application will be returned for correction and processing will be delayed.

**IF YOUR CHILD WAS APPROVED LAST SCHOOL YEAR
PLEASE READ THE FOLLOWING**

Eligibility from the 2020-2021 school year, will continue for
30 OPERATING DAYS
beginning the first day of the new school year.

**YOU MUST RE-APPLY EVERY NEW SCHOOL YEAR
IF YOU WISH TO CONTINUE ON THE PROGRAM**

If last year's eligibility expires and there's no new approved application; payment for your child's meals is required until the new application is approved.

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LETTER TO HOUSEHOLDS: NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAM

Dear Parent or Guardian:

The Walnut Valley Unified School District takes part in the National School Lunch and Breakfast Programs. Meals are served every school day at participating schools.

- Students may buy **lunch for \$3.00 at ALL SCHOOLS. Breakfast is \$2.00**
 - Eligible students may receive meals free or at a reduced price of \$.30 for breakfast and \$.40 for Lunch.
- If you now receive Cal Fresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free meals.
- Submit your total household **GROSS INCOME**. Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, and utility bills.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. If you have more than one Foster Child you may list them all on one (1) application with their "Personal Use Income."

HOW TO APPLY

Complete and sign the attached **Application for Free and Reduced-Price Meals** and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

Cal Fresh, CalWORKs, and FDPIR HOUSEHOLDS — If you now get Cal Fresh, CalWORKs, or FDPIR benefits for your child(ren), list each child's name, and your Cal Fresh, CalWORKs, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE —Application must be filled out by the person legally responsible of the welfare agency or is a ward of the court. Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you do not enter a Cal Fresh, CalWORKs, or FDPIR case number for each student listed on the application, you must enter the following:

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The last 4 digits of your social security number of the adult household member who signs the application or indicate "none" if the adult does not have a social security number

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

"Sample" of Income Eligibility Guidelines

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:	\$8,288	\$691	\$346	\$319	\$160

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

CURRENT GROSS INCOME-The amount of gross income each household member received **last month**, before taxes or anything else is taken out, **and** where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income.

INCOME TO REPORT

WELFARE		PENSIONS	
EARNINGS FROM WORK	CHILD SUPPORT ALIMONY	RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) - Households participating in the FDPIR are categorically eligible for free meals or milk. The FDPIR is authorized by Section 4(b) of the Cal Fresh Act of 1977. Under this section, eligible households may elect to participate in either the Cal Fresh Program *or* the FDPIR. Since households are afforded the option to participate in either program, FDPIR households have been determined to receive the same categorical benefits as Cal Fresh households.

SOCIAL SECURITY NUMBER - The application must have the last 4 digits of the social security number of the adult who signs it. If the adult does not have a social security number, write "none" or something else to show that the adult does not have a social security number. If a Cal Fresh, CalWORKs, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is **not** required.

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

VERIFICATION - Nutrition Services officials may check the information on the application at any time during the school year. You may be asked to send information to prove your income, or current eligibility for Cal Fresh, CalWORKs, or FDPIR benefits. Refer to the application for more detailed explanation.

MEALS FOR DISABLED - If you believe your child needs a food substitute or texture modification because of a disability, please contact the school. A child with a disability is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal.

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

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

FAIR HEARING - If you do not agree with the Nutrition Services decision regarding your application or the result of verification, you may discuss it with the Nutrition Services Department. You also *have* the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official;

Ron Thibodeaux, Ed.D
Director of Pupil Services
880 S. Lemon Ave.
Walnut CA 91789
(909) 595-1261 ext. 31360

CONFIDENTIALITY - Family size, household income, and last 4 digits of social security number information will remain confidential and will not be shared for any purpose. Information you provide will determine your child(ren)'s eligibility to receive free or reduced-price meals.

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

Emmalyn Coles, MBA
Director of Nutrition Services
880 S. Lemon Ave.
Walnut CA 91789
(909) 595-1261 ext. 31322

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



Matthew A. Torres, Ed.D
Assistant Superintendent of Business Services

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Walnut Valley Unified School District

APPLICATION FOR FREE AND REDUCED PRICE MEALS

2021-2022

COMPLETE AND RETURN TO NUTRITION SERVICES

California Education Code Section 49557(a): "Applications for free and reduced price meals may be submitted at any time during a school day. Children participation in the Federal 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."

DO NOT Write In This Box - For Department Use Only			
Household Size:		Household Income \$:	
FREE	REDUCED	DENIED	
APPROVED BY:		Date:	
2nd Review by:		Date:	\$
VERIFICATION: F R D NR		Date:	\$

SECTION A

STUDENT/CHILD INFORMATION

LAST NAME	FIRST NAME	STUDENT		GRADE LEVEL	CURRENT SCHOOL	CalFresh CalWorks or FDPIR?	Foster Child(ren)?
		STUDENT ID#	NO ✓			IF YES ENTER CASE# BELOW	IF YES, enter Child's Monthly Personal Allowance Income Below
1							
2							
3							
4							
5							
6							
7							

SECTION B

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS (INCLUDE ALL OTHER CHILDREN THAT ARE NOT LISTED ABOVE)

(1) List all adult household members regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month. (3) Enter any income received last month by/for a child from full-time or regular part-time employment, SSI, or Adoption Assistance payments and (4) If amount last month was more/less than usual, enter the usual amount.

LAST NAME	FIRST NAME	GROSS MONTHLY INCOME BEFORE DEDUCTIONS	RETIREMENT SOCIAL SECURITY PENSION	CHILD SUPPORT ALIMONY WELFARE BENEFITS	OTHER INCOME	FOR DEPARTMENT USE ONLY
1						
2						
3						
4						
5						
6						

SECTION C

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in the connection with the receipt of federal funds, that school officials may verify the information on the application at anytime, and that deliberate misrepresentation of the information may subject me to the prosecution under applicable State and Federal Laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		ADDRESS		
PRINT NAME OF ADULT HOUSEHOLD MEMBER SIGNING THIS APPLICATION		CITY	STATE	ZIP CODE
DATE	EMAIL	LAST 4 DIGITS OF SOCIAL SECURITY# Write "none" if N/A		PHONE#
CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) CHOOSE ONE ETHNICITY		CHOOSE ONE OR MORE REGARDLESS OF ETHNICITY (OPTIONAL)		
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

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WALNUT VALLEY UNIFIED SCHOOL DISTRICT

INSTRUCTIONS - APPLICATION FOR FREE AND REDUCED-PRICE MEALS

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

- ***The name of the child or children for whom you are applying for free or reduced-price benefits***
- ***The names and GROSS MONTHLY income of all other household members***
- ***The signature of the child's or children's parent or guardian***
- ***The last 4 digits of the Social Security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.***

The Richard B. Russell National School Lunch Act 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 four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a 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. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal Civil Rights Law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination

Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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