



APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2011-2012

Please complete and 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 income of all other household members
- The signature of the child's or children's parent or guardian
- The last four 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.

ALL HOUSEHOLDS: *READ THIS SECTION*

California Education Code Section 49557(a): Application for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

Privacy Act Statement: This explains how we will use the information you give us. 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 if you list a CalFresh, CalWORKs, 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 law the U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CARLSBAD UNIFIED SCHOOL DISTRICT, NUTRITION SERVICES DEPARTMENT LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL BREAKFAST PROGRAM FOR 2011-2012

Dear Parent or Guardian:

The Carlsbad Unified School District takes part in the National School Lunch and School Breakfast Programs. Meals are served every school day. Students at High Schools and Middle Schools may buy lunch for \$3.00 and breakfast for \$1.50. Students at the Elementary Schools may buy lunch for \$2.75 and/or breakfast for \$1.50. Eligible students may receive meals free or at a reduced price of \$.40 for lunch and/or \$.30 for breakfast. Students may buy 1/2 pint milk for \$.50.

- If you now receive Food Stamps, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR), your child(ren) may receive free meals.
- If your total household income is the same or less than the amounts on the income scale below, your child(ren) may receive meals free or at a reduced price. 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 child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive free or reduced price meals regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on 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.

FOOD STAMP CalWORKs, Kin-GAP, AND FDPIR HOUSEHOLDS - If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE - Complete a separate application for each child **who is the legal responsibility 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 child's amount of income. Personal-use Income is (a) money given by the welfare office as 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.**

INCOME ELIGIBILITY GUIDELINES

July 1, 2011 - June 30, 2012

Household Size	Income Guidelines				
	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add:					
	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136

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

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) -If you **do not** list a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for each student listed on the application you must:

- Enter the names of all the school-age children in your household and the schools they attend
- Enter the names of other children who do not attend any school
- Enter the names of all the adults (21 years and older) and other household members, the amount each person received last month, and the source of income
- Enter the last four digits of the 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.

An adult household member must sign the application.

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CURRENT INCOME -The amount of income each household member received *last month*, before taxes, or anything else 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. To figure monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME TO REPORT			
EARNINGS FROM WORK	PENSIONS, RETIREMENT, SOCIAL SECURITY	WELFARE, CHILD SUPPORT, ALIMONY	OTHER INCOME
Wages/Salaries/Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net income from self-owned business or farm	Pensions, Supplemental Security Income, Retirement payments, Social Security Income (SSI) (including SSI a child receives).	Public assistance payments, Welfare payments, Alimony/ child support payments	Disability benefits, Cash withdrawn from savings Interest/Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not living in the household, Net Royalties/ annuities/net rental income, Any other income

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

SOCIAL SECURITY NUMBER - The application must have the last four digits of the social security number of the adult who signs the application. If the adult does not have a social security number, write "none". If a Food Stamp, CalWORKs, Kin-GAP, 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 Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

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

MEALS FOR DISABLED -If you believe that 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 WIC Program, your child may be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION - 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 school's decision, regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official: Devin Vodicka, Assistant Superintendent, Business Services, 6225 El Camino Real, Carlsbad, CA 92009. (Telephone: (760) 331-5000).

CONFIDENTIALITY - Family size, household income, and 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 completing the application, please contact: Michelle Johnson, Director, Nutrition Services, 6225 El Camino Real, Carlsbad, CA 92009. (Telephone: (760) 331-5000).

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

Sincerely,

Michelle Johnson
Director, Nutrition Services

CARLSBAD UNIFIED SCHOOL DISTRICT APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2011-2012

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

Last Name	First Name	Food Stamp, CalWORKs, Kin-GAP, or FDPIR Case Number	List Income Received By the Child, (If Any)	Current School (Write "N/A" if Not in School)	Grade	FOR SCHOOL USE ONLY Student ID Number

FOR SCHOOL USE ONLY ELIGIBILITY DETERMINATION	
HOUSEHOLD SIZE:	
HOUSEHOLD INCOME:	
DETERMINING OFFICIAL:	DATE:
Direct Certified as: H M R	YEAR ROUND TRACK:
<input type="checkbox"/> FREE	<input type="checkbox"/> REDUCED <input type="checkbox"/> DENIED
Categorically FREE Eligible from (circle): Food Stamps CalWORKs Kin-GAP FDPIR	
ZERO INCOME – TEMPORARY FREE UNTIL: (45 calendar days from date of this determination)	
2nd Review:	EP <input type="checkbox"/>
Verification Official:	Follow-up:

FOSTER CHILD INFORMATION: If this application is for a foster child, write the child's name and personal-use income, and sign and date the application.

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

Full Name	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

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 connection with the receipt of federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

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

1) Mark one or more racial identities:

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

2) Mark one ethnic identity: Of Hispanic or Latino origin Not of Hispanic or Latino origin

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM			DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER	Social Security # (last 4 digits only) If none please write "none"
MAILING ADDRESS			
CITY		ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD