

BEARDSLEY SCHOOL DISTRICT

Letter to Households about the National School Breakfast & Lunch Program

2017-2018

Beardsley School District offers healthy and delicious meals each and every school day. Our School District offers an on-line payment option, please follow the link at Beardsleyschool.org to make meal payments or check balances with no added fees.

Breakfast- Served at **no charge** to all Beardsley students.

<u>Lunch-</u>	\$ 1.80 for kindergarten thru sixth grade	Bottled Water- \$.50
	\$ 2.00 for junior high *includes salad bar	Extra Milk- \$.50
	\$.40 for reduced price lunch	

Supper & Snack- Served at **no charge** to all Beardsley students in afterschool programs

Your children may qualify for free or reduced priced Lunches.

Here are answers to questions you may have about applying:

1. WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from CalFresh, CalWORKs or FDIPIR are eligible for free meals.
- Foster children under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children who meet the definition of homeless, migrant, or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on the below chart.

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, AND RUNAWAY?

- Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will qualify for free meals, please contact your school office for assistance.

3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?

- No. Use one Application for Free and Reduced-Price Meals for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to your school's cafeteria.

4. SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

- No, but please read the letter you received carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please immediately contact the Nutrition Department at 661-392-8758

5. ELIGIBILITY CARRYOVER:

- Your child's eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter for free or reduced-price meals. School officials are not required to send a reminder or expired eligibility notices.

6. 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 complete an application and return it for processing.

7. WILL THE INFORMATION I PROVIDE BE CHECKED?

- 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 CalFresh, CalWORKS, FDPIR, or Kin-GAP.

8. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?

- Yes, you can apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may be eligible for free and reduced-price meals if the household income drops below the income limit.

9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

- Yes. You, your children, or other household members do not have to be U.S. citizens to apply 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 only made \$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. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

- Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please indicate no income by leaving the box blank or entering a "0".

12. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

- List and attach any additional household members on a separate piece of paper or second application.

13. SUBMIT TO:

- Please submit a complete application to your child's school or the nutrition office at 1001 Roberts Ln. You will be notified if your application is approved or denied for free or reduced-price meals.

14. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?

- You should talk to school officials. You may also ask for a hearing by calling or writing to:

Anne Lerma, Director Student Nutrition: 1001 Roberts Lane Bakersfield, CA 93308

**If you have other questions or need help, call 392-8758.
*Si necesita ayuda, por favor llame al teléfono: 392-8758.***

INSTRUCTIONS FOR APPLYING

SECTION A: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 AND THE NAME OF ANY SCHOOL THEY ATTEND OR N/A

- If your household receives CalFresh, CalWORKS, Kin-GAP or FDPIR, follow these instructions: Attach another sheet of paper if you need to.
- List each child's name and school; check appropriate benefit box and you must give an acceptable case number.
- Skip SECTION B only if you provided a case number.
- Complete SECTION C, a Social Security Number is not necessary.
- Do you have any foster children? If any children listed are foster children, check the "Foster Child" box next to the child's name and give their income. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, complete Section A and then skip to Section C.

SECTION B: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- List the first and last name of every adult person living in your household, related or not. You must include yourself and any children *with* income. Attach another sheet of paper if you need to.
- Report income: List the income your household received and the frequency. *Employment income:* List the gross income each person earned, or each person's normal income. It is not the same as take home pay. Gross income is the amount earned *before* taxes and deductions. It should be listed on your pay stub, or your employer can tell you.
- Enter "0" or leave blank to certify that a household member does not receive income.
- *Other Income:* List the total amount each person received from all other sources. Include child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.
- The amount of people listed on the application should equal your total household members.

SECTION C: CONTACT INFORMATION AND ADULT SIGNATURE

- The application *must* be signed by an adult household member. Print the name of the adult signing the application, fill in all contact information, and put today's date.
- *Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "I DO NOT HAVE A SSN" box.*
- Report total household size: This number **MUST** be equal to the number of household members listed in Section A and Section B. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.

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 submit all needed information, 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 social security number is not required when you apply on behalf of a foster child or you list a CalFresh, California Work Opportunity and Responsibility to Kids (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.

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](#), (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.

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

Income Eligibility Guidelines

July 1, 2017–June 30, 2018

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:					
	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149