

DEAR PARENT OR GUARDIAN:

The Fontana Unified School District takes part in the National School Lunch and Breakfast Programs. Nutritious meals are served every school day. Students may buy lunch for \$1.25 in elementary, \$1.50 in secondary schools and/or breakfast for \$1.00 in elementary, \$1.25 in secondary schools. Eligible students may receive meals at no cost.

HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS - 2008/2009 SCHOOL YEAR

HOW TO FILL OUT THIS APPLICATION - PLEASE PRINT NEATLY WITH BLACK INK. PLEASE USE CAPITAL LETTERS. COMPLETE ONE APPLICATION PER HOUSEHOLD AND ONE FOR EACH FOSTER CHILD.

PART 1 IF YOU ARE APPLYING FOR A FOSTER CHILD, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH FOSTER CHILD. Put X in the box provided if this application is for a Foster Child. Go to Part 3 and write the Foster Child's information. Write "0" if no personal income is received. DO NOT list any other children in Part 3. You may skip Parts 2, 4, 5, & 6 - you DO NOT have to list any other household members on a foster child application.

PART 2 If the child you are applying for is homeless, migrant, or a runaway, place an X in the appropriate lettered box. H signifies "homeless," M signifies "migrant," R signifies "runaway."

PART 3 Enter the Student's information. List all students who will attend school this year. Income to report includes child SSI, salary, wages, foster income, and any other personal use income.

PART 4 Enter the Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payment (Kin-GAP) or Food Distribution Program on Indian Reservation (FDPIR) case number in the space provided for each child.

PART 5 Enter the last and first name of ALL people living in your household. Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills. DO NOT include the names of the students listed in Part 3 and DO NOT include any foster children. If the individual has no income, you must put an X in the box next to the individual's name. Enter the CURRENT MONTHLY income each household member received last month, before taxes or anything else is taken

INCOMPLETE, ILLEGIBLE, OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

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 amount of income. Personal-use income is (1) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (2) 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.

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.

MILITARY HOUSING INCOME: If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income.

MEALS FOR DISABLED: If you believe your child needs a food substitute or texture modification because of a disability, please contact Nutrition Services at (909) 357-5160. 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 meals.

APPLY FOR BENEFITS: You may apply for benefits at any time during the school year. If you are not eligible now but your income goes down, you lose your job, your family size becomes larger, or you become eligible for Food Stamps, CalWORKs, Kin-GAP or FDPIR benefits, you may complete an application at that time.

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.

PRIVACY ACT STATEMENT: 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 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 Food Stamp, 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.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATION (FDPIR): Households participating in the 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.

SUBMIT: Please complete the meal application and return it to the school cafeteria. Nutrition Services will notify you by mail when your application is approved or denied. Sincerely,

Sherry Gibson
Assistant Director

04/16/08

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, enter the usual monthly income. If your housing is part of the Military Housing Privatization Initiative, DO NOT include your housing allowance as income. All other allowances must be included in your gross income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2. To calculate annual income, multiply weekly income x 52; every two weeks x 26; twice a month x 24; monthly x 12.

PART 6 Add together the total number of household members listed in Parts 3 and 5 and enter the number.

PART 7 Enter your mailing address and telephone number(s).

PART 8 Write the Social Security number of the adult completing the application. If you do not have a Social Security number, place an X in the box provided.

PART 9 SIGN, PRINT the name of the household adult filling out the application and write in the date. Signer must be included as part of the household and listed in Part 5.

Racial/Ethnic Identity OPTIONAL

Put an X in the box indicating the student's racial/ethnic origin in the spaces provided (you do not need to provide this information).

FAIR HEARING:

If you do not agree with the District's decision regarding your application or the result of verification, you may discuss it with Nutrition Services. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing: Student Services, 9680 Citrus Avenue, Fontana, CA. 92335, (909) 357-5000 ext. 7100.

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

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.

DIRECT CERTIFICATION: This district participates in Direct Certification. If your household receives Food Stamps or if your child(ren) receives CalWORKs, Kin-GAP, or FDPIR benefits, then 1) your child may be automatically certified to receive free meals. 2) if you did not receive a direct certification letter for your child who is in any of these programs, you must complete an application. If you do not receive notification, but think your child(ren) is/are eligible for free meals, please call Nutrition Services at (909) 357-5160.

INCOME TO REPORT

Gross earnings before deductions: Include all jobs business or farm	Wages/salaries/tips before taxes, income from self-owned business, day care
Welfare, child support, alimony	Public assistance payments, welfare payments, alimony/child support payments, adoption assistance
Pension, Social Security, child SSI, permanent disability, other income	Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, cash withdrawn from savings, interest, dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income, any other income
Temporary income	Temporary assistance, temporary disability, strike benefits, unemployment compensation, worker's compensation

INCOME ELIGIBILITY GUIDELINES

Use the income chart below to see if you qualify for the free or reduced price meal program. Effective July 1, 2008 - June 30, 2009

Household Members	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1*	\$19,240	\$1,604	\$802	\$740	\$370
2	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
For EACH additional household member add:		\$6,660	\$555	\$278	\$129

* A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

In accordance with Federal law and U.S. Department of Agriculture 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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.