

Pension, retirement, Social Security: Monthly pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, child SSI.

All other income: All other monthly income, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income.

INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2010 - June 30, 2011

****Due to multiple delays by Congress in releasing the 2010-2011 Income Eligibility Guidelines, the USDA and subsequently the California Department of Education have been unable to publish the new income limits.**

- As soon as this information becomes available, it will be posted on the district website: www.etiwanda.org. To avoid a lapse in eligibility for your student(s), please submit your completed application for processing as soon as possible.

Applications are processed on a first come first serve basis. Applications may take up to 10 working days to process during peak periods.

(**per CDE/e-mail 5/20/2010)

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 meal.

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.

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.

NOTIFICATION: You will be notified by the Child Nutrition office when your application has been approved or denied.

SOCIAL SECURITY NUMBER: The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, check the box indicated. A Social Security number is always required unless the application is for a foster child or if a case number is included.

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 FDIPIR benefits.

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.

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.

Etiwanda School District



CHILD NUTRITION PROGRAM



Passport to a Healthy Harvest



Annual Letter to Households and Application Information 2010-2011 School Year

Child Nutrition Office
Connie Dineen, Manager

(909) 803-3155 or (909) 803-3165

12999 Victoria St.
Etiwanda, CA 91739

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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).

The USDA is an equal opportunity provider and employer.

Dear Parent or Guardian:

The Etiwanda School District takes part in the National School Lunch Program. Meals are served every school day at all schools. Students may buy a lunch for \$2.00 (elementary) or \$2.25 (intermediate). **Eligible** students may receive meals free or at a reduced price of \$.40 per lunch. Students may also buy milk for \$.25.

HOW TO COMPLETE THE APPLICATION

Complete the enclosed 2010-2011 application form and return it to the Child Nutrition office in the pre-addressed envelope for processing.

SECTION 1 - FOSTER CHILD STUDENT INFORMATION: If you are applying for a foster child, you must complete a separate application for each foster child. Put an **X** in the box provided and enter the child's information. Follow remaining instructions on the application.

SECTION 2 - STUDENT INFORMATION: Enter the student's information. List all students (K-8) who will attend school this year. Income to report includes child SSI, salary, wages, foster income, and any other personal use income.

SECTION 3 - ALL OTHER HOUSEHOLD MEMBERS: Enter the first and last name of **ALL** people living in your household. Circle if individual is an adult or child. 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. Households with deployed service members should include their name and the income made available to the household. **DO NOT** include the names of the students listed in Section 2 and **DO NOT** include any foster children. If the individual has no income, you must put an **X** in the box next to their name. Enter the **CURRENT MONTHLY** income each household member received last month in the appropriate column. Income is before taxes or any other deductions. 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. Use the **MONTHLY INCOME CALCULATION** information listed on the application.

SECTION 4 - TOTAL HOUSEHOLD MEMBERS: Add together the total number of household members listed in Sections 2 and 3 and enter that number.

SECTION 5 - MAILING ADDRESS & PHONE NUMBER: Enter your complete mailing address and phone number.

SECTION 6 - SOCIAL SECURITY NUMBER: 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.

SECTION 7- RACIAL AND ETHNIC IDENTITIES (optional) You are not required to provide race and/or ethnicity information to qualify for free or reduced price meals.

SECTION 8 - SIGNATURE: Sign and date the application. Print the name of the adult filling out the application. Signer must be part of the household and listed in Section 3.

REMINDER: Students receiving meal benefits in 2009/2010 remain eligible until **September 20, 2010**. Should your eligibility decrease this year, that decrease will take place **ten (10) days** after your application has been processed.



Faxed applications will not be accepted.

INCOMPLETE, ILLEGIBLE OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.

HOW TO APPLY

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 Stamp, CalWORKs, Kin-GAP, or FDIPIR benefits, you may submit an application at that time.

DIRECT CERTIFICATION: This district participates in Direct Certification. If your household receives Food Stamps or if your child(ren) receives CalWORKs, Kin-GAP or FDIPIR benefits, your child may be automatically certified to receive free meals. **If you do not receive a direct certification letter automatically qualifying your child(ren) for free meals, you may apply for benefits by completing an application.** If you do not receive notification, but think your child(ren) is/are eligible for meal benefits, please contact the Child Nutrition office at (909) 803-3155.

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 the Child Nutrition office. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following official:

Kim Perry 12999 Victoria St.
(909) 803-3155 Etiwanda, CA 91739

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 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.

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 (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.**


INCOME TO REPORT:

Gross earnings before deductions; include all jobs: Monthly wages/salaries/tips before taxes, income from self-owned business, day care business or farm.

Welfare, child support, alimony: Monthly public assistance payments, welfare payments, alimony/child support payments, adoption assistance.

continued →

Application for Free and Reduced-Price Meals	FOR DISTRICT USE ONLY - ELIGIBILITY DETERMINATION						
COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD OR PER FOSTER CHILD (VALID FOR ETIWANDA K-8 STUDENTS ONLY) - Print neatly within boxes using CAPITAL LETTERS AND INK	Date: Determining Official:	Household Size:	Household income:	Direct Certified as: H M R	Free Reduced Denied EP	Categorically FREE (circle): Food Stamps CalWORKS Kin-GAP FDPiR	% ZERO INCOME - Temporary Free until:

SECTION 1: FOSTER CHILD STUDENT INFORMATION					"This institution is an equal opportunity provider"		% (45 calendar days from date of this determination)
Place an X here if this application is for a child who is the legal responsibility of a welfare agency or ward of the court. Print the foster student's name, school, grade, personal use income and case number for one foster child.					STUDENT'S MONTHLY INCOME ONLY		
School Use Only	Foster Child's Last Name	Foster Child's First Name	School Name	Grade	List student's Personal Use Income		
					\$		
One application per FOSTER CHILD. Skip to Sections 4, 5, 6, 7 and 8.							

SECTION 2: STUDENT INFORMATION					One application per family. Complete sections 2, 3, 4, 5, 6, 7 and 8.			
Print the student's name, school, grade and monthly income and case number for <u>EACH child who will attend kindergarten to 8th grade at an Etiwanda school this year</u> . If any income is received by or for a child, please enter it in the column: Student's Monthly Income.							STUDENT'S MONTHLY INCOME ONLY	Food Stamp (FS), CalWORKS, Kin-GAP, or FDPiR Benefits
School Use Only	Student's Last Name	Student's First Name	School Name	Grade	List any salary, wages, child SSI, Personal Use Income		Circle one of the following: FS, CalWORKS, KinGAP, or FDPiR List a current case number for EACH CHILD.	
					\$			
					\$			
					\$			
					\$			

SECTION 3: ALL OTHER HOUSEHOLD MEMBERS							**MONTHLY INCOME CALCULATION(s): To determine MONTHLY Income: Multiply weekly income x 52; divide by 12, OR every 2 week income x 26; divide by 12 OR twice a month income x 24; divide by 12 (Example: Weekly pay is \$300 x 52 divided by 12 = \$1,300 MONTHLY - enter this amount on form)	
DO NOT INCLUDE THE STUDENTS LISTED IN SECTION 2. List all others living in the household such as grandparents, non-school age children, high school or college students, other relatives or friends. Enter MONTHLY** income only (use Monthly Income Calculation information)			Gross earnings before deductions; include all jobs MONTHLY**	If NO income put X in this box	Welfare payments, child support, alimony MONTHLY**	Pension, Social Security, permanent disability, other income MONTHLY**	All other income (i.e. interest income, income from estates, trusts, etc) MONTHLY**	
	Adult/Child							SECTION 4: TOTAL HOUSEHOLD MEMBERS
	Adult/Child							The number you enter must equal the number of names from Sections 2 and 3. Section 1 enter 1.
	Adult/Child							CALIFORNIA EDUCATION CODE SECTION 49557(a): Applications 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 on reverse.
	Adult/Child							
	Adult/Child							
	Adult/Child							
	Adult/Child							

SECTION 5: MAILING ADDRESS & PHONE NUMBER			CERTIFICATION: I certify that all of the information provided 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.				
Mailing Address			Phone Number				
City			State		Zip		SECTION 8: SIGNATURE REQUIRED

SECTION 6: SOCIAL SECURITY NUMBER of adult signing application			If you DO NOT have a Social Security number, check the box provided				
			I DO NOT have a SSN:				

SECTION 7: RACIAL/ETHNIC IDENTITIES (OPTIONAL)						Signature		Date	
Racial identity: Circle all that apply		American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Black or African American	Circle one ethnic ID:		Print name here:		
White	Asian			Of Hispanic or Latino origin	Not of Hispanic or Latino origin				

Etiwanda School District
APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR 2010-2011

Please complete the application on the reverse, sign the application, and return it to the Child Nutrition office at 12999 Victoria St, Etiwanda or your child's school. For additional instructions, refer to the **Letter to Households** booklet accompanying 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 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:

"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."

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
USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave, S.W., Washington, DC 20250-9410
(800) 795-3272 or call (202) 720-5964 (voice and TDD)

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