## School Year 2023-2024 Berryessa Union School District Household Application for Free and Reduced-Price Meals

Complete only one application per household.

Refer to back of application for instructions on how to apply. Print clearly with pen. This institution is an equal opportunity provider.

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 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.

STEP 1 - STUDENT INFORMATION - Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. **OPTIONAL - CHILDREN'S** Child's First Name, Middle Initial, Last Name Homeless OFFICE USE ONLY ETHNIC AND RACIAL **Birth Date** Migrant, School Name (Include all children in household, even if not in school yet) Foster (STUDENT ID #) Runaway Child **IDENTITIES** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino STEP 2 - ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR Race (check one or more): Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If NO, skip STEP 2 and continue to STEP 3. ☐ American Indian or Alaskan Native **Select Program Type: Enter Case Number:** If YES, check the applicable program box, enter one case ☐ Asian number, skip STEP 3, and continue to STEP 4. ☐ CalWORKs ☐ CalFresh ☐ Black or African American ☐ Native Hawaiian or other Pacific STEP 3 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2) Islander Weekly 2x Week 2x Month Monthly A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS ☐ White Income (before deductions) in whole dollars earned by all students listed in STEP 1. B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before deductions) in whole dollars for each source. If the household member does DO NOT COMPLETE -- FOR SCHOOL USE ONLY not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Annual Income Conversion: Weekly x52. Bi-Weekly x26. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly Twice a Month x24, Monthly x12 Pension/ How Often? How Often? How Often? Retirement Total Household Size **Total Household Income** Public Assistance/SSI Name of Adult Household Members (First and Last) Earnings from Work All Other Income w 2w 2M Μ 2W 2M M w 2w 2M M Child Support/Alimony \$ How Often? Twice a Bi- Weekly Weekly Month Monthly Yearly П П П П П Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied) Total Household Members (Children and Adults) ☐ Categorical STEP 4 – SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION Verified as: Homeless Migrant Runaway Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false Application # ☐ Error Prone information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws." Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member: **Determining Official's Signature:** Date: Check the box if NO SSN Signature of adult completing this form: Today's Date: Confirming Official's Signature: Date: **Print Name:** Phone #: E-mail: Zip Code: Address: City: State: Verifying Official's Signature: Date:

for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application. The Berryessa Union School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. You or your children do not have to be U.S. citizens to qualify Dear Parent or Guardian:

## LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

may submit an application at that time. Food Distribution Program on Indian Reservations (FDPIR) benefits, you California Work Opportunity and Responsibility to Kids (CalWORKs), or

certified for free meals. If you did not receive a letter, please complete receives a notification letter indicating all children are automatically DIRECT CERTIFICATION: An application is not required if the household

application at any time during the school year. You may be asked to VERIFICATION: School officials may check the information on the an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet be eligible for free or reduced-price meals by completing an application. Nutrition Program for Women, Infants, and Children (WIC) benefits, may WIC PARTICIPANTS: Households that receive Special Supplemental CalFresh, CalWORKs, or FDPIR benefits. submit information to validate your income or current eligibility for

not eligible, this does not prevent a foster child from receiving free personal income earned by the foster child. If the non-foster children are non-foster children on the same application and must report any as a household member if the foster family chooses to apply for their agency or court to qualify for free meals. A foster child may be included FOSTER CHILD: The legal responsibility must be through a foster care meals. Please contact school officials for assistance at 408-923-1886. participating in their school's Head Start program are eligible for free the definition of homeless, migrant, or runaway, and children

Kevin Franklin 951 Piedmont Rd. San Jose, CA 95132, 408-923-1875 or hearing, which may be requested by calling or writing the following: discuss it with the hearing official. You also have the right to a fair your application's determination or the result of verification, you may FAIR HEARING: If you do not agree with the school's decision regarding

school year will continue into the new school year until  $\frac{9/1/23}{9}$  or until ELIGIBILITY CARRYOVER: Your child's eligibility status from the previous

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

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For each additional family member, add:					
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919'1\$	\$3,232	709'8\$	£00′ <i>L</i> \$	LZ0'48\$	L
757'L\$	<i>L</i> 98′Z\$	\$3,105	012'9\$	814,518	9
197'1\$	\$5,501	601'7\$	817'9\$	600'99\$	S
890'L\$	\$2,135	\$2,313	\$4,625	\$22,500	ħ
\$882	69 <i>L</i> ′l\$	Z16'1\$	\$3,833	L66'9†\$	3
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Week	Every Two Weeks	Twice Per Month	ųзио <sub>М</sub>	Year	blodəsuoH əsi2
Effective July 1, 2023–June 30, 2024					

APPLYING FOR BENEFITS: An application or free or reduced-price meals

increases, or a household member becomes eligible for CalFresh, eligible now, but your household income decreases, household size household may apply at any time during the school year. If you are not cannot be reviewed unless all required fields are completed. A

## HOM TO APPLY FOR FREE OR REDUCED-PRICE MEALS — Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

Student Nutrition Services

application, contact information, and today's date. box. The application must be signed by an adult household member. Print the name of the adult signing the digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" 21EP 4: SOCIAL SECURITY NUMBER, ADULT SIGNATURE & CONTACT INFORMATION – Enter the last four

(5) E-mail: program.intake@usda.gov.

which can be obtained online at:

This institution is an equal opportunity provider.

Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410;

completed AD-3027 form or letter must be submitted to USDA by: (1)

sufficient detail to inform the Assistant Secretary of Civil Rights (ASCR) number and a written description of the alleged discriminatory action in

The letter must contain the complainant's name, address, telephone

office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-

complete a Form AD-3027, USDA Program Discrimination Complaint Form

responsible state or local agency that administers the program or USDA's

alternative means of communication for program information (e.g. Braille,

and sexual orientation), disability, age, or reprisal or retaliation for prior

on the basis of race, color, national origin, sex (including gender identity

regulations and policies, this institution is prohibited from discriminating

notification letter for free or reduced-price meals. School officials are not

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

NON-DISCRIMINATION STATEMENT: In accordance with federal civil

To file a program discrimination complaint, a Complainant should

TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA

large print, audiotape, American Sign Language), should contact the

languages other than English. Persons with disabilities who require

civil rights activity. Program information may be made available in

rights law and U.S. Department of Agriculture (USDA) civil rights

required to send reminder or expired eligibility notices.

through the Federal Relay Service at (800) 877-8339.

Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA

about the nature and date of an alleged civil rights violation. The

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for

(2) Fax: (833) 256-1665 or (202) 690-7442; or

SUBMIT: Please submit a complete application to your child's school or the Student Mutrition Services office QUESTIONS/NEED ASSISTANCE: Please contact Student Nutrition Services at 408-923-1875 or 408-923-1879 and for administration and enforcement of the lunch and breakfast programs. number. We will use your information to determine if your child is eligible for free or reduced-price meals, when you indicate that the adult household member signing the application does not have a social security required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for your child or household member who signs the application. The last four digits of the social security number are not free or reduced-price meals. You must include the last four digits of the social security number of the adult this application. You do not have to give the information, but if you do not, we cannot approve your child for INFORMATION STATEMENT: The Richard B. Russell National School Lunch Act requires the information on affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes. OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not

Sincerely, free or reduced-price meals. at 951 Piedmont Rd, San Jose, CA 95132. You will be notified if your application is approved or denied for

> STEPS of the application. homeless, migrant, or runaway, check the applicable "Homeless, Migrant, or Runaway" box and complete all applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be initial, last), school, and birthdate. If any student listed is a foster child, check the "Foster" box. If you are only STEP 1: STUDENT INFORMATION – Include ALL CHILDREN in the household. Print their name (first, middle

box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to CalWORKs, or FDPIR, then all children are eligible for free meals. Check the applicable assistance program STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh,

from ALL household members (children and adults) in whole dollars. Enter "0" for any household member STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report GROSS income (before deductions) STEP 3.

same application. period. Include a foster child's income if you are applying for foster and non-foster children on the Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay

Enter the total household size (children and adults). This number MUST equal the listed household yourself. Report the total **GROSS** income from each source and enter the appropriate pay period. Print the names (first and last) of ALL OTHER household members not listed in STEP 1, including

members from STEP 1 and STEP 3.

that does not receive income.