

<p><b>PACIFIC UNION SCHOOL DISTRICT FOR FREE AND REDUCED-PRICE MEALS IN THE NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAMS</b></p>	<p>On August 1, 2015, this public release was posted on Pacific Union School's Web site <a href="http://www.pacificunion@k12.ca.us">www.pacificunion@k12.ca.us</a>.</p>

Pacific Union School District today announced its policy for providing free and reduced-price meals for children served under the National School Lunch Program and School Breakfast Program. Each school and/or the central office has a copy of the policy, which may be reviewed by any interested party.

The household size and income criteria identified below will be used to determine eligibility for free, reduced-price, or full-price meal benefits. Children from households whose income is at or below the levels shown here are eligible for free or reduced-price meals. Children who receive Food Stamp (FS), California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits are automatically eligible for free meals regardless of the income of the household in which they reside. Eligibility for a foster child is based on a separate application and solely on the amount of the child's "personal use" income.

Household Size	Free Eligibility Scale for Lunch, Breakfast, and Milk					Reduced-Price Eligibility Scale for Lunch and Breakfast				
	Year	Month	Twice per Month	Every Two Weeks	Week	Year	Month	Twice per Month	Every Two Weeks	Week
1	\$ 15,301	\$ 1,276	\$ 638	\$ 589	\$ 295	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
<b>For each additional family member, add:</b>										
	\$ 5,408	\$ 451	\$ 226	\$ 208	\$ 104	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

"USDA is an equal opportunity provider and employer."

## **SAMPLE MEDIA RELEASE FOR FREE AND REDUCED-PRICE MEALS** *(continued)*

Application forms are being distributed to all households with a letter informing them of the availability of free and reduced-price meals for enrolled children. Applications are also available at the principal's office in each school. To apply for free or reduced-price meal benefits, households must complete an application and return it to the school for processing. Applications may be submitted at any time during the school year. The information households provide on the application will be used to determine meal eligibility and may be verified at any time during the school year by school or program officials.

Requirements for school officials to determine eligibility for free and reduced-price benefits are as follows: For households receiving Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits – applications need only include the enrolled child(ren)'s name, Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, and the signature of an adult household member. For households who do not list a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, the application must include the names of all household members, the amount and source of the income received by each household member, and the signature and corresponding Social Security number of an adult household member. If the household member who signs the application does not have a Social Security number, the household member must indicate on the application that a Social Security number is not available.

Under the provisions of the free and reduced-price meal policy, the determining official(s), as designated by the sponsor/agency, shall review applications and determine eligibility. Parents or guardians dissatisfied with the eligibility ruling may discuss the decision with the determining official on an informal basis. Parents may also make a formal request for an appeal hearing of the decision and may do so orally or in writing with the sponsor/agency's hearing official. Parents or guardians should contact their child(ren)'s school(s) for specific information regarding the name of the determining official and/or hearing official for a specific school, agency, or district.

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the levels shown above.

Sponsors/agencies that use direct certification should add the following paragraph to their public release:

Households that receive Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits may not have to complete an *Application for Free or Reduced-Price Meals or Free Milk*. School officials will determine eligibility for free meals based on documentation obtained directly from the Food Stamp, CalWORKs, Kin-GAP, or FDPIR office that a child is a member of a household currently receiving Food Stamp or FDPIR benefits or an assistance unit receiving CalWORKs or Kin-GAP benefits. School officials will notify households of their eligibility, but those who do not want their child(ren) to receive free meals must contact the school. Food Stamp, CalWORKs, Kin-GAP, and FDPIR households should complete an application if they are not notified of their eligibility by August 12, 2015.

---

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."

**STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)**

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in foster care, Head Start, or Kin-GAP and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Student? Yes No	Foster Child	Homeless, Migrant, Runaway, Head Start	Kin-GAP Case Number
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

Check all that apply

**STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?**

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3)  CalFresh  CalWORKs  FDIPIR **Case Number:** \_\_\_\_\_  
 If NO > Complete STEP 3 Write only one case number in this space.

**STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)**

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (From STEP 1 and STEP 3)

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household

Check box if no SSN →

**STEP 4 Contact Information and Adult Signature**

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 information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_ Daytime Phone and/or E-mail (optional) \_\_\_\_\_ Printed Name of Adult Completing this Form \_\_\_\_\_ Signature of Adult Completing this Form \_\_\_\_\_ Today's Date \_\_\_\_\_

**OPTIONAL Children's Racial and Ethnic Identities The USDA and the CDE are equal opportunity providers and employers.**

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 | Race (check one or more):  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or other Pacific Islander  White

**DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.**

Total Household Members (From STEP 1 and STEP 3) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Household Income <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Annual Income Conversion Weekly x52   Bi-Weekly x26   Twice Per Month x24   Monthly x12	Approved as: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Denied Reason: _____	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Head Start <input type="checkbox"/> Migrant <input type="checkbox"/> Kin-GAP <input type="checkbox"/> Runaway	<input type="checkbox"/> Incomplete <input type="checkbox"/> Error Prone
Determining Official _____	Date _____	Confirming Official _____	Date _____	Verifying Official _____	Date _____

2015-2016 Pacific Union School District Solicitud de comidas gratis o a precio reducido Llene una solicitud por hogar.

Artículo 49557(a) del Código de Educación de California: "Las solicitudes de comidas gratis o a precio reducido se pueden presentar en cualquier momento durante un día de clase. A los menores que participen en el Programa Nacional de Almuerzos Escolares (National School Lunch Program) no se les identificará abiertamente con el uso de fichas, boletos o filas para servir especiales; entradas o comedores separados; ni por ningún otro medio".

PASO 1 Anote TODOS los miembros del hogar que son bebés, niños o estudiantes hasta el grado 12 (si necesita más espacio para más nombres, adjunte otra hoja de papel)

Definición de miembro del hogar: "Cualquier persona que viva con usted y comparta los ingresos y gastos, incluso si no es su pariente".

Los menores bajo cuidado adoptivo temporal, en Head Start o Kin-GAP y los que cumplen con la definición de sin hogar, inmigrante o se fugó del hogar reúnen los requisitos para recibir comidas gratis. Para obtener más información, lea Cómo solicitar comidas escolares gratis o a precio reducido.

Table with columns: Primer nombre del menor, Inicial, Apellido del menor, ¿Estudiante? (Sí/No), ¿Bajo cuidado adoptivo temporal?, ¿Sin hogar, inmigrante, se fugó del hogar en Head Start?, Número de caso de Kin-GAP.

PASO 2 ¿Algún miembro del hogar (incluyéndolo a usted) participa actualmente en uno o más de los siguientes programas de asistencia?

Form with checkboxes for CalFresh, CalWORKs, and FDIPIR. Includes a field for 'Número de caso:' and a note: 'Anote sólo un número de caso en este espacio.'

PASO 3 Declare los ingresos de TODOS los miembros del hogar (sáltese este paso si respondió que 'Sí' en el PASO 2)

Para obtener más información lea Cómo solicitar comidas escolares gratis o a precio reducido. La sección Fuentes de Ingresos de los menores le ayudará a contestar la pregunta Ingresos de los menores. La sección Fuentes de Ingresos de los adultos le ayudará con la sección Todos los miembros adultos del hogar.

Complex form for income reporting. Includes sections A (Ingresos de los menores) and B (Todos los miembros adultos del hogar). Contains multiple tables for reporting income from work, public assistance, and other sources, with frequency options (Semanal, Cada 2 semanas, 2 veces al mes, Mensualmente).

PASO 4 Información de contacto y firma del adulto

Certificación: "Certifico (prometo) que toda la información en esta solicitud es verdadera y que he declarado todos los ingresos. Entiendo que esta información se proporciona en relación con la recepción de fondos federales y que los funcionarios escolares podrían verificar (revisar) la información. Entiendo que si doy intencionalmente información falsa, mis hijos podrían perder los beneficios alimentarios y yo podría ser enjuiciado bajo las leyes estatales y federales pertinentes".

Form for contact information including fields for Dirección, No. de departamento, Ciudad, Estado, Código postal, Teléfono, Nombre en letra de molde del adulto, Firma del adulto, and Fecha de hoy.

OPCIONAL Identidad étnica y racial de los menores El USDA y el CDE son proveedores y empleadores que ofrecen igualdad de oportunidades.

Estamos obligados a pedir esta información sobre la raza e identidad étnica de sus hijos. Esta información es importante y nos ayuda a asegurarnos de que estamos sirviendo plenamente a nuestra comunidad. Responder esta sección es opcional y no afecta el cumplimiento de los requisitos de sus hijos para recibir comidas gratis o a precio reducido. Identidad étnica (marque una): [ ] Hispano o latino [ ] No hispano o latino Raza (marque una o más): [ ] Asiático [ ] Indígena americano o nativo de Alaska [ ] Negro o afroestadounidense [ ] Nativo de Hawái u otra isla del Pacífico [ ] Blanco

NO LLENE LA SIGUIENTE INFORMACIÓN. ES PARA USO DE LA ESCUELA SOLAMENTE.

Form for school use only. Includes fields for Total Household Members, Total Household Income, Annual Income Conversion, Determining Official, Date, Confirming Official, Date, Verifying Official, Date, and Reason for denial.