

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**SECTION 1:** List all household members, circle adult or child, date of birth for student's only, school name, grade, N/A if not in grades K-8, check Foster Child box if applicable; for any person, including children, with no income, you must check the "No Income" box.

**SECTION 2:** If the household does not have a case number, skip this part.

**SECTION 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Kim Rice, Child Attendance and Welfare liaison at (909) 803-3138.

**SECTION 4:** Follow these instruction to report total household income from this month or last month.

**NAME:** List all household members with income.

**GROSS MONTHLY INCOME:** For each household member with an income, list each type of income received for the month. For earnings, be sure to list the gross income, not the take-home-pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from CalFresh, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**SECTION 5:** Enter the last four digits of the Social Security Number for the adult signing the application (or mark the box if he/she **does not** have one).

**SECTION 6:** Enter complete address and phone number

**SECTION 7:** This section is *optional*.

**SECTION 8:** Sign form, print name and date. Signature is required.

**INCOME ELIGIBILITY GUIDELINES - Effective July 1, 2011 to June 30, 2012**

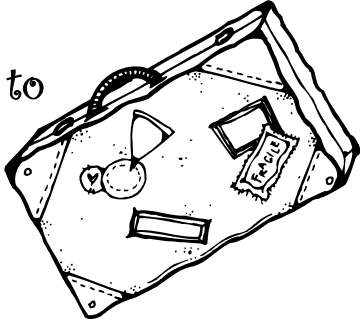
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$20,147	\$1,679	\$840	\$775	\$388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add:					
	\$7,067	\$589	\$295	\$272	\$136

**ETIWANDA SCHOOL DISTRICT**



**CHILD NUTRITION PROGRAM**

Your Journey to Success . . .



begins with *Healthy Choices!*



experience a healthy harvest  
weekdays in your school  
cafeteria!

**2011/2012 Annual Letter to Households and Application Information**

**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

## APPLICATION QUESTIONS & ANSWERS

The following is a list of the most frequently asked questions regarding the free and reduced-price meal application process:

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students 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: **ESD Child Nutrition, 12999 Victoria St., Etiwanda, CA 91739**
- WHO CAN GET FREE MEALS?** All children in households receiving benefits from **CalFresh, CalWORKS or FDIPIR [the Food Distribution Program on Indian Reservations]**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
- CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Kim Rice, Child Attendance and Welfare, (909) 803-3138 or [kim\\_rice@etiwanda.org](mailto:kim_rice@etiwanda.org) to see if they qualify.
- WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the Child Nutrition Office at (909) 803-3155 if you have questions.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless you received a letter from the Child Nutrition office confirming that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

## APPLICATION QUESTIONS & ANSWERS (continued)

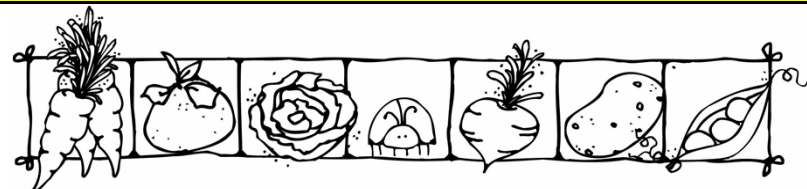
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to Child Nutrition officials. You also may ask for a hearing by calling or writing to: **Kim Perry, (909) 803-3155 (address below)**
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact Child Nutrition for more information.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **CalFresh** or other assistance benefits, contact your local assistance office or call **(916) 654-1896**

If you have other questions or need additional help, call **the Etiwanda School District Child Nutrition Office.**

**12999 Victoria St. Etiwanda, CA 91739**

Contacts: **Kim Perry, Child Nutrition Technician (909) 803-3155**  
**Betty Gonzalez, Admin. Secretary (909) 803-3165**  
**Connie Dineen, Manager (909) 803-3155**

**Office Hours: 6:30 am - 3:00 pm - Monday thru Friday**



Dear Parent or Guardian:

Children need healthy meals to learn! As a partner in learning the Etiwanda School District Child Nutrition Department participates in the National School Lunch Program. Nutritious meals are served every school day at all schools meeting the USDA Guidelines. Students may buy a lunch for \$2.50 (elementary) or \$2.75 (intermediate). The following information will help you determine if your children may qualify for free or reduced-price meals (.40¢ per day). Additionally, details on how to complete the application and answers to the most frequently asked questions are included.

**IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM CalFresh, CalWORKS OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), FOLLOW THESE INSTRUCTIONS:**

**SECTION 1:** List all household members, circle adult or child, date of birth for student's only, school name, grade, N/A if not in grades K-8, check Foster Child box if applicable; for any person, including children, with no income, you must check the "No Income" box.

**SECTION 2:** List the name and case number for any household member (including adults) receiving CalFresh, CalWORKS or FDPIR benefits.

**SECTION 3:** Skip this section.

**SECTION 4:** Skip this section.

**SECTION 5:** The last four digits of the Social Security Number are not necessary.

**SECTION 6:** Enter complete address and phone number

**SECTION 7:** This section is *optional*.

**SECTION 8:** Sign form, print name and date. Signature is required.

**IF NO ONE IN YOUR HOUSEHOLD RECEIVES CalFresh OR CalWORKS BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:**

**SECTION 1:** List all household members, circle adult or child, date of birth for student's only, school name, grade, N/A if not in grades K-8, check Foster Child box if applicable; for any person, including children, with no income, you must check the "No Income" box.

**SECTION 2:** Skip this section.

**SECTION 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Kim Rice, Child Attendance and Welfare liaison at (909) 803-3138.

**SECTION 4:** Complete only if a child in your household isn't eligible under Section 3. Follow the instructions for All Other Households on page 3.

**SECTION 5:** The last four digits of the Social Security Number are not necessary if you didn't need to fill in Section 4.

**SECTION 6:** Enter complete address and phone number

**SECTION 7:** This section is *optional*.

**SECTION 8:** Sign form, print name and date. Signature is required.

**REMINDER: Students receiving meal benefits in 2010/2011 remain eligible until September 19, 2011.**

Faxed applications will not be accepted.

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

**IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:**

**If all children in the household are foster children:**

**SECTION 1:** List all foster children, date of birth, school & grade for each child. Check the box indicating the child is a foster child.

**SECTION 2:** Skip this section.

**SECTION 3:** Skip this section.

**SECTION 4:** Skip this section.

**SECTION 5:** The last four digits of the Social Security Number are not necessary.

**SECTION 6:** Enter complete address and phone number

**SECTION 7:** This section is *optional*.

**SECTION 8:** Sign form, print name and date. Signature is required.

**If some of the children in the household are foster children:**

**SECTION 1:** List all household members, circle adult or child, date of birth for student's only, school name, grade, N/A if not in grades K-8, check Foster Child box if applicable; for any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**SECTION 2:** If the household does not have a case number, skip this part.

**SECTION 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Kim Rice, Child Attendance and Welfare liaison at (909) 803-3138.

**SECTION 4:** Follow these instruction to report total household income from this month or last month.

**NAME:** List all household members with income.

**GROSS MONTHLY INCOME:** For each household member with an income, list each type of income received for the month. For earnings, be sure to list the gross income, not the take-home-pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from CalFresh, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**SECTION 5:** Enter the last four digits of the Social Security Number for the adult signing the application (or mark the box if he/she does not have one).

**SECTION 6:** Enter complete address and phone number

**SECTION 7:** This section is *optional*.

**SECTION 8:** Sign form, print name and date. Signature is required.

**FREE/REDUCED-PRICE MEAL APPLICATION - Complete only ONE application per household - valid for Etiwanda Elementary Kindergarten-8th grade students only.**

**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.

DISTRICT USE ONLY - ELIGIBILITY DETERMINATION				ZERO INCOME-Temp. free (45/days) until:		
Date:	Household Size:	Household Monthly Income:	Direct Cert	Free	Denied	Categorically Free:
Determining Official:			H M R	Reduced	EP	
				CalFresh CalWORKS FDIPIR		

**SECTION 1: ALL HOUSEHOLD MEMBERS** - List the names of all Household Members \***FOSTER CHILD** (must be legal responsibility of court or welfare agency)

LAST	M.I.	FIRST	ADULT or CHILD <small>Circle one</small>	DATE OF BIRTH <small>Students only</small>	SCHOOL	GRADE	N/A <small>Circle if child is not in school</small>	*FOSTER CHILD <small>If yes, check box.</small>	Check if NO INCOME
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
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			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>
			Adult/Child				N/A	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 2: BENEFITS**

If any member of your household receives CalFresh, CalWorks or FDIPIR (Food Distribution Program on Indian Reservations) benefits, provide the name and case number for the person who receives benefits and Skip to **SECTION 5**. If no one receives these benefits, skip to **SECTION 3**.

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**SECTION 3: HOMELESS, MIGRANT, RUNAWAY**



If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box below and call Kim Rice, Child Attendance and Welfare at (909) 803-3138.

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Runaway	<input type="checkbox"/>	Migrant
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"This institution is an equal opportunity provider"

**SECTION 4: TOTAL HOUSEHOLD GROSS INCOME**

**MONTHLY INCOME CALCULATIONS**  
 To determine monthly income:  
 Multiply weekly income x 52; every 2 weeks x 26; twice a month x 24; monthly x 12 (Example: Weekly pay is \$300 x 52 divided by 12 = \$1,300 MONTHLY - enter this amount on form)

**INCOME CATEGORIES**

- Earnings from work before deductions
- Welfare child support, alimony
- Pensions, retirement, Social Security, SSI, VA Benefits
- All Other Income (Worker's Comp, Unemployment, Strike Benefits, etc)

**CERTIFICATION:** I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

**NAME OF HOUSEHOLD MEMBERS WITH INCOME ONLY**

\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

**SECTION 5: SOCIAL SECURITY NUMBER**

If Section 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number or mark the "I do not have a Social Security Number" box.

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**SECTION 6: MAILING ADDRESS & PHONE NUMBER**

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I DO NOT HAVE A SOCIAL SECURITY NUMBER

**SECTION 7: RACIAL/ETHNIC IDENTITIES (OPTIONAL)**

Racial identity: Circle all that apply				Circle one ethnic ID:	
White	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Black or African American	Of Hispanic or Latino Origin
				Not of Hispanic or Latino origin	

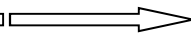
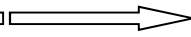
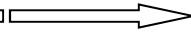
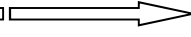
**SECTION 8: SIGNATURE - REQUIRED**

SIGNATURE: \_\_\_\_\_

Print name here: \_\_\_\_\_ Date: \_\_\_\_\_

**Etiwanda School District**  
**APPLICATION FOR FREE AND REDUCED PRICE MEALS**  
**OR FREE MILK FOR SCHOOL YEAR 2011-2012**

Please complete the application on the reverse, sign the application, and return it to the Child Nutrition Office at 12999 Victoria St., Etiwanda, 91739. 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 last four digits of the Social Security Number of the person who signed the application. If the person signing the application does not have a Social Security number, mark the "I do not have a Social Security Number" box.

**ALL HOUSEHOLDS - READ THE FOLLOWING INFORMATION**

**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 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, 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 last four digits of the social security number is not required when you apply on behalf of a foster child or you list a CalFresh, CalWORKS, or FDPIR (Food Distribution Program on Indian Reservations) 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 programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**NON-DISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

"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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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."