

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND THE SCHOOL BREAKFAST PROGRAM FOR 2011-2012 SCHOOL YEAR

Dear Parent or Guardian:

Sacramento Charter High School takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day at participating schools. Students may buy lunch for \$ 2.10 and/or breakfast for \$ 1.50. Eligible students may receive meals free or at a reduced price of \$ 0.40 for lunch and/or \$ 0.30 or breakfast. Students may also buy milk for \$ 0.50.

- **This district/agency participates in Direct Certification:** In a school participating in a meal program, your child is automatically certified to receive free meals, if your household currently receives Food Stamp (FS), or if your child receives California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits. (See "HOW TO APPLY – FOOD STAMP BENEFITS" below.)
- A **foster care child** who is the legal responsibility of the welfare agency or ward of the court is eligible to receive free meals regardless of your income. Foster children may be included on the same application as other children in your household, but you must identify them as foster children in the designated area on the application as their eligibility may differ from other children in your household (See "HOW TO APPLY – FOSTER CARE" below.)
- If you do not receive benefits automatically qualifying your child for free meals, you may apply for free/reduced-price meals for your child(ren). If your total **household** income is the same or less than the amounts on the income scale below, your child may receive meals free or at a reduced price. "Household" means a group of related or non-related individuals who are living as one economic unit and sharing **living expenses**. "Living expenses" include rent, clothes, food, doctor bills, and utility bills. (See "HOW TO APPLY – INCOME HOUSEHOLDS" below.)

HOW TO APPLY

INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — To apply for free or reduced-price meals for your child(ren), complete the attached **Application for Free and Reduced-Price Meals or Free Milk**, sign it, and return it to the school as soon as possible. The application cannot be approved unless it contains complete eligibility information. If you **do not** enter a FS, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter the following (go to next column):

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The last 4 (four) digits of the Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number.

An application must be completed, with all household members and income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

FOOD STAMP, CalWORKs, KIN-GAP, and FDPIR BENEFITS — If your household receives Food Stamps (FS), or if your child receives CalWORKs, Kin-GAP, or FDPIR benefits, you **MAY NOT NEED TO COMPLETE A MEAL APPLICATION**. School officials will notify you of your child(ren)'s eligibility for free meals. If you are **not** contacted by **7/31/2011** but think your child(ren) is/are eligible for free meals, please contact the school. You may need to complete an application.

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Write the name of the child and the specific school the child attends in the area designated for foster youth. **The foster parent or agency official must sign the application.**

INCOME ELIGIBILITY GUIDELINES

July 1, 2011 - June 30, 2012

Household Size	Year		Twice Per Month		Every Two Weeks	
	Year	Month	Month	Weeks	Week	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

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 Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). The USDA is an equal opportunity provider and employer.

CURRENT INCOME — The amount of income each household member received **last month**, before taxes or anything else is taken 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, write the usual monthly income or project the annual income. To calculate monthly income: **Weekly x 4.33; every two weeks x 2.15; twice a month x 2.**

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	Disability benefits; cash withdrawn from savings; interest and dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

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.

SOCIAL SECURITY NUMBER — The application must have the last 4 (four) digits of the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a social security number is **not** required.

APPLYING 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 FDPIR benefits, you may submit an application at that time.

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 FDPIR benefits. Refer to the application for more detailed explanation.

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.

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.

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.

FAIR HEARING — If you do not agree with the school's decision regarding your application or the result of verification, you may discuss it with the school. You also have the right to a fair hearing. A fair hearing may be requested by calling or writing the following school official:

NAME: Nicole M. Michalik
ADDRESS: PO Box 5038, Sacramento CA 95817
TELEPHONE: (916) 649-7952

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.

If you have any questions or need assistance in completing the application, please contact:

NAME: Nicole M. Michalik
ADDRESS: PO Box 5038, Sacramento CA 95817
TELEPHONE: (916) 649-7952

You will be notified by the school when your application has been approved or denied for free or reduced-price meals.

Sincerely,

Nicole M. Michalik, Ph.D.
St. HOPE Public Schools

ST HOPE PUBLIC SCHOOLS – Sacramento Charter High School
APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR 2011-2012

Please complete, sign, and return this application to the school. For additional instructions refer to the *Letter to Households that is attached to this form.*

SECTION A. HOUSEHOLDS RECEIVING Food Stamps, CalWORKs, Kin-GAP, and/or FDPIR benefits:

1. List your children that receive the above mentioned benefits and their case number(s):

LAST NAME	FIRST NAME	SCHOOL / GRADE	CASE NUMBER
		/	
		/	
		/	
		/	

2. If you do **not** receive Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for each child in your household, go to Section B. **Otherwise, sign the application in SECTION C.**

SECTION B. HOUSEHOLDS NOT RECEIVING Food Stamps, CalWORKs, Kin-GAP, or FDPIR:

Foster Child: Foster children are eligible for free meals regardless of the household's income. If you have foster children living with you and you wish to apply for such meals or milk for them, you may list them on the same application as other children in the household.

1. Is this application for a **Foster Child**? Yes No
 If Yes, write the child's name and personal income, then date and sign the application.

Child's Name

2. List the names of the school children in your household who **do not** receive Food Stamps, CalWORKs, Kin-GAP, or FDPIR benefits and/or **are not foster youth.**

LAST NAME	FIRST NAME	SCHOOL / GRADE	INCOME
		/	
		/	
		/	
		/	

3. List the names of other children in the household that are **not** in school:

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

SECTION C. ADULT HOUSEHOLD MEMBERS: List all adult household members, regardless of income. Indicate amount and source of **monthly income** each household member received last month. If amount(s) last month were more or less than usual, enter the usual monthly income. Do not complete this section if a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number is provided for each child listed in Section A.

LAST NAME	FIRST NAME	GROSS EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY TOTAL MONTHLY INCOME
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

FOR SCHOOL USE ONLY – Eligibility Determination				Year Track:				
HOUSEHOLD SIZE:		HOUSEHOLD INCOME:		2 nd Review:				
Free	Reduced-Price	Denied	Direct Certified as:	H	M	R	EP	<input type="checkbox"/>
Temporary Free Until (45 calendar days from date of determination):								
Determining Official:			Date:					
Verification Official:			Date:		Followup:			

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 Food Distribution Program on Indian Reservations (FDPIR) 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 and breakfast 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.

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.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM X		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
PRINT NAME OF ADULT SIGNING THIS APPLICATION			DATE
MAILING ADDRESS			
CITY			ZIP CODE
HOME TELEPHONE		WORK TELEPHONE	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:
 American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander White
2. Mark one ethnic identity:
 Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

