

## HOW TO APPLY FOR FREE AND REDUCED-PRICE MEALS

Please use these instructions when filling out the Twin Rivers *Application for Free or Reduced-Price Meals*. Only **one** application is required per household, even if your children attend more than one school within the District. If preferred, you may visit <http://www.schoolunchapp.com> to complete your application securely on line. The application must be filled out *completely* to certify your child/children's eligibility for state and federal benefits. You may apply for free or reduced-price meals at any time during the school year. If your household income decreases or you become unemployed, you may reapply for free or reduced-price meals in order to maximize the benefits available to your household.

Please follow these instructions. If at any time you are unsure of how to complete the meal application or have additional questions, feel free to contact **Nutrition Services / Brandie Sepetaio @ 916-566-1600 ext. 50527**.

**PLEASE USE PEN WHEN FILLING OUT THIS APPLICATION AND PLEASE PRINT CLEARLY.**

### STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS THROUGH GRADE 12

For each child, print their first name, middle initial and last name. Use one line of the application for each child. If you need more lines, please attach a second piece of paper with all required information for any additional children.

#### Who should I list as children in the household?

All children in your household who are:	Foster children:	Students meeting the definition of Homeless, Migrant, Runaway:
<ul style="list-style-type: none"> <li>Age 18 or under <b>and</b> are supported with the household's income</li> <li>A child who qualifies as homeless, migrant, or a runaway youth</li> <li>A child in your care under a foster arrangement</li> </ul>	<p>If the foster family will qualify for FREE meals based on the combined income from <b>all</b> household members, the foster child may be included on the application so that <i>all</i> of the children listed on the application may qualify for meal benefits. <i>However</i>, if the foster family does <b>not</b> qualify for FREE meals, the foster child will require a separate application and only their personal use income will be calculated. Including the foster child on the household application maximizes the benefits extended to the entire foster family.</p>	<p>Please contact the child's school for more information.</p>

- For each child attending a Twin Rivers school check the box under the column titled "*Is this Child a Student?*"
- For each child you list as a foster child, check the box under the column titled "Foster Child" next to the child's name. If you are *only* applying for foster children, complete STEP 1 and skip to STEP 4 of the application.
- If you believe any child listed in this section meets the description of "*Homeless, Migrant, Runaway*" check the appropriate box next to the child's name, and complete all steps on the application. You must contact the child's school for further instructions.

### STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) PARTICIPATE IN ANY OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP. CALFRESH. CALWORKS. KIN-GAP. OR FDPIR?

NOTE: If anyone in your household participates in one of the assistance programs listed below, benefits will be extended to all of the children in your household: The Supplemental Nutrition Assistance Program (SNAP).....CalFresh (Food Stamps).....CalWORKS (Welfare).....The Food Distribution Program on Indian Reservations (FDPIR)..... or WIC (Women, Infants, and Children).

- If anyone in your household participates in any of the above programs circle **YES** and write the assigned CASE NUMBER in the space provided. If you circle **YES** you **must** have a case number for the application to be processed. Please note that the EBT number is not the same as the CASE NUMBER.
- If no one in your household participates in any of the above programs circle **NO** and skip to STEP 3.

### STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

- CHILD INCOME:** Please refer to the chart on the right titled "*Source of Income for Children*" for types of child income households **must** report. Only use the foster children's income if you are including them with the rest of your household. It is optional to list a foster child as part of the household. If you choose *not* to include a foster child as part of the household, you **must** complete a separate application for each foster child in the home and list their personal use income.

Sources of Income for Children	
Sources of Child Income	Example(s)
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a job where they earn a salary or wage.</li> </ul>
<ul style="list-style-type: none"> <li>Social Security</li> <li>Disability Payments</li> <li>Survivor's Benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits.</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits.</li> </ul>
<ul style="list-style-type: none"> <li>Income from persons <i>outside</i> the household</li> </ul>	<ul style="list-style-type: none"> <li>A friend or extended family member <i>regularly</i> gives a child spending money.</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives income from a private pension fund, annuity, or trust.</li> </ul>

**ALL ADULT HOUSEHOLD MEMBERS (INCLUDING YOURSELF): Who should I list here?**

**Include:** All adult members in your household who are living with you and share income and expenses, *even if not related, and even if they do not receive income of their own.*

**Do not include:** Adults who live with you but are not supported by your household's income; adults who do not contribute income to your household; and children already listed in Step 1.

- Print the name of each adult household member in the boxes marked "Name of Adult Household Members", including you.
- Fill out the "Earnings from Work" sections. Referring to the "Source of Income for Adults" chart below, report **all** income from work, child support, alimony, CalWORKS, pension, retirement, or any other source of income, and how often it is received. All adult income **must** be reported
- Report all earnings as **gross income** (total amount before taxes and deductions). Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts withheld from your pay. Please report all income in whole dollars ONLY. Do not include cents.
- Write "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income from that adult to report. If local officials have information that your household income was reported incorrectly, your application will be verified for cause.
- Indicate how often each type of income is received using the check boxes to the right of each field.

**What if I am self-employed?** If you are self-employed, report the income as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
-Gross salary, wages, cash bonuses - <b>Net</b> income from self-employment (farm or business) -Strike benefits  <b>If you are in the U.S. Military:</b> -Basic pay and cash bonuses ( <i>do NOT include combat pay, FSSA or privatized housing allowances</i> ) -Allowances for off-base housing, food, and clothing	-Unemployment benefits -Worker's compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability -Income from trusts or estates -Annuities and investment income -Earned interest -Rental income - <i>Regular</i> cash payments from outside the household

- After entering all household members, write the total of all household members in the box provided.
- In the space provided, write the last four digits of the Social Security Number belonging to the household member filling out the application. NOTE: You **may be** eligible for benefits even if you do not have a Social Security Number. If the adult household member completing this application does not have a Social Security Number, leave this space blank and check the box labeled "Check box if you do not have a SSN".

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

- Sign and complete the application. The adult filling out and signing the application must be one of the adult household members listed on the application.

By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements, and other important information on the back of the meal application. Please note: school officials may check the information on the application at any time during the school year. You may be asked to send in information to confirm earnings or eligibility for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits.

- Write your current address on the lines provided. If you have no permanent address, this **does not** make your household ineligible for free or reduced-price meals. Providing a phone number and/or email address is optional, but helps us reach you quickly if we need to contact you for more information.
- Print the date on your application. Applications filled out and submitted before June 30 cannot be processed in the new school year. A new application must be filled out and dated after July 1.
- **Applications that are incomplete cannot be processed and incomplete applications may delay your household benefits. All meals your children eaten prior to your application being approved must be paid for.**

**STEP 5: OPTIONAL - CHILDREN'S RACIAL AND ETHNIC IDENTITIES**

The federal government is requesting information about your children's race and ethnicity. Providing this information is **optional** and does not affect your children's eligibility for free or reduced-price meals.

Please note your child's eligibility for benefits remains valid for the first thirty school days of the new school year. A **new Free or Reduced-Price Meal Application** must be submitted within 30 school days of the new school year. If we do not receive a new meal application within the 30 day grace period, your child's eligibility will end and they will automatically return to **PAID** status.

If you have questions about filling out the meal application, your eligibility status or questions about information verification, please contact Brandie Sepetaio at 916-566-1600 ext. 50527. If you do not agree with the eligibility decision, you have the right to a fair hearing. A fair hearing may be requested by calling or writing the following official:

NAME: Bill McGuire  
 ADDRESS: 3222 Winona Way, North Highlands, CA. 95660  
 TELEPHONE: (916) 566-1600



# Application for Free and Reduced-Price Meals

## School Year 2015/2016

**If you would like your household to be considered for meal benefits you must submit a meal application. Only one application is required for your household. All meals must be paid for until the meal application is approved. If your student received meal benefits last school year, you must submit a new application within 30 days.** If you do not receive a benefit determination letter within 30 days contact Nutrition Services. Applications may be submitted at any time during the school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens or serving lines; separate entrances or dining areas; or by any other means.

DO NOT WRITE IN THIS BOX—FOR SCHOOL USE ONLY

Application # \_\_\_\_\_

FREE     
  REDUCED     
  DENIED     
  EP     

Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 1** List ALL household members who are infants, children, and students up to and including grade 12. A household member is anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please read the *How To Apply For Free and Reduced-Price Meals* document attached to this application for more information. If you need more lines please attach another page.

Grade	Check All That Apply		
	Is this Child a Student?	Foster Child	Homeless, Migrant, Runaway

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

**Step 2** Do any household members (including you) participate in any of the following assistance programs: SNAP, CalFresh, CalWORKS, Kin-GAP, or FDPIR? **Circle one: YES NO**

If you answered **NO** > Go to STEP 3. If you answered **YES** > Write the case number here and then go to STEP 4 (Do not complete step 3) **CASE #:** \_\_\_\_\_

**Step 3** Report income for ALL household members (Skip this step if you entered a case number in step 2). For information on how to complete this step, please refer to *How to Apply for Free and Reduced-Price School Meals* attached to this application. Specifically, the sections labeled *Sources of Income for Children*, and *Sources of Income for Adults*.

**A. CHILD INCOME:** Sometimes children in the household earn income. Please include the TOTAL income earned by all household children listed in STEP 1, including personal use income for Foster Children:

Child Income      How Often?

	Weekly	Bi-Weekly	2x Month	Monthly
\$	○	○	○	○

**B. ALL ADULT HOUSEHOLD MEMBERS (Including yourself):** List all adult household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, report total gross income (the total amount before taxes or deductions) and how often it is received. If they do not receive income from any source, write "0". If spaces are left blank, we cannot process the application.

Name of Adult Household Members (First and Last) <small>The person signing the application <u>must</u> be listed as a member of the household</small>	Earnings From Work In Whole Dollars				How Often?				Public Assistance/ Child Support/ Alimony In Whole Dollars				How Often?				Pensions/ Retirement/All Other Income In Whole Dollars				How Often?			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly								
1. _____	\$				○	○	○	○	\$				○	○	○	○	\$				○	○	○	○
2. _____	\$				○	○	○	○	\$				○	○	○	○	\$				○	○	○	○
3. _____	\$				○	○	○	○	\$				○	○	○	○	\$				○	○	○	○
4. _____	\$				○	○	○	○	\$				○	○	○	○	\$				○	○	○	○

Total Household Members (Children and Adults):  Last 4 digits of the Social Security Number (SSN) of the adult household member signing this form: \_\_\_\_\_ Check box if you do not have a SSN:

**Step 4** I certify that all information on this application is true and that I have reported all income. I understand that the school will get federal funds based on the information I provide. I understand that school officials may check this information. I understand that if I purposefully give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Signature of Adult Household Member Completing this Form: **X** \_\_\_\_\_ Printed Name of Adult Completing this Form: \_\_\_\_\_

**Step  
5**

**OPTIONAL—Children's Racial and Ethnic 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

**Race (check one or more):**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Applications for Free and Reduced-Price meals are available in multiple languages. If you require a meal application in a language other than English, please contact your school office or visit <http://www.fns.usda.gov/school-meals/family-friendly-application-translations>. 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. If your household has been notified by this department that your children have been directly Certified, it is not necessary to submit a meal application.

**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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program 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.

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

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, 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).

**Income Eligibility Guidelines**

Households with income at or below these guideline limits may be eligible for free or reduced price meals.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<b>1</b>	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
<b>2</b>	29,471	2,456	1,228	1,134	567
<b>3</b>	37,167	3,098	1,549	1,430	715
<b>4</b>	44,863	3,739	1,870	1,726	863
<b>5</b>	52,559	4,380	2,190	2,022	1,011
<b>6</b>	60,255	5,022	2,511	2,318	1,159
<b>7</b>	67,951	5,663	2,832	2,614	1,307
<b>8</b>	75,647	6,304	3,152	2,910	1,455
<b>For each additional family member, add:</b>	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

The USDA and the CDE are equal opportunity providers and employers.