



# Cuddeback

“National Blue Ribbon Award Winner 1994”  
“California Distinguished School Award Winner 1993”

## UNION SCHOOL DISTRICT

P.O. Box 7 • 300 Wilder Road • Carlotta, California 95528 • (707) 768-3372 • FAX 768-3211

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## CUDDEBACK UNION ELEMENTARY SCHOOL DISTRICT

**BREAKFAST – \$1.50**

**LUNCH - \$3.25**

### School Meals

The school cafeterias use a computerized cash register system. Every student at Cuddeback School has an account to use. All students have a PIN (personalized identification number). The system is programmed to know which students are eligible for free and reduced price meals; a student’s status is always confidential. To access the account at mealtime, regardless of status, the student enters the student’s PIN on a keypad. Once the account is accessed, all students use the system in the same way. The total amount of the sale is deducted from the prepaid balance in the account. **Meal accounts are debit accounts NOT credit accounts.**

Deposits into the account can be made by any student or parent in the school office. Students not eligible for free or reduced price meals may prepay or pay with cash at the time of purchase.

### Advantages of the School Meals Account

- School meals are convenient, economical and healthy. Today’s families are busy and a school meal account provides a quick option for providing a well balanced meal.
- Funds deposited on a student’s account eliminate carrying lunch money every day.
- All purchases are tracked and an account history can be requested if there is a need to check how money is being spent.
- Money can be placed on the account to ensure that a child does not go without a meal if lunch money, or a bag lunch, is forgotten at home.
- Students can benefit educationally by learning how to manage their own account balance.

### How to Make Prepayments

Any amount can be deposited into the student’s account. Meals are deducted from the account only at the time of purchase. The school meals account is not a credit system. Checks or cash are the only way to make a deposit. Payments can be given to the school secretary prior to class.

Prepayments can be made monthly, weekly or daily. If you have more than one child in school, you can write a check for all your children who attend the *same* school. Be sure to write each student’s name on the check so that it can be properly credited. Please indicate the deposit amount for each student next to the name.

### Account Balances

At the start of the school year, debit account balances from the previous year remain in the student's account. Any money left on the account from the previous year will be available for the new school year. Students keep the same PIN. If a student transfers out of Cuddeback Elementary the parent should notify the office so that any account balance can be refunded to the parent.

## Unpaid Meal Debt Policy

Cuddeback has created an unpaid meal debt policy that still allows students a maximum outstanding balance. The maximum unpaid meal debt allowed is -\$13.00. This provides four courtesy lunches. An unpaid meal debt notification letter will be emailed/texted biweekly to all parents whose students have a negative balance over -\$50.

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## FREE / REDUCED PRICE MEAL APPLICATIONS

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- ***A new application must be completed every new school year.***
- If you received a letter stating that your child is already eligible for free meals for the 2020/2021 school year, you do not need to complete an application.
- Forms can be turned in immediately to the school secretary.
  
- Students will use the prior year's eligibility until the new form is processed and approved if the new form is submitted within the first 30 days of the new school year.
- Students new to Cuddeback ***must*** provide proof of eligibility from their previous school in order to receive meal benefits until a new application is processed and approved.
- Students eligible in the previous school year who do not turn in a 2020/2021 application *will revert to paid status* after the first 30 days of school. *Parent/guardian will provide meals and/or money to purchase school meals* (see prices above).
- An application with missing information cannot be processed. It will be returned to the household for completion.
- Processing applications can take up to one week. Results will be mailed to the address on the application. ***Please provide your child with a lunch from home or money to purchase school meals until you are notified.*** You may call the office at 768.3372 after one week from the date of submission to check on eligibility.
- ***If you do not meet the eligibility requirements, you will need to provide meals and/or money for your student.*** If you wish to reapply after being denied benefits because of income, proof of income is required with the new application.
- Families may apply to receive free or reduced price meals for students at any time during the school year.
- If you have questions, please contact the office at 768.3372 Monday through Friday from 8:00 AM to 4:00 PM.

**NON-DISCRIMINATION STATEMENT**—In accordance with Federal civil rights law and U.S. Dept. of Ag (USDA) civil rights regulations and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discrimination based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independent Ave., SW, Washington D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

# PRICING LETTER TO CUDDEBACK HOUSEHOLDS FOR FREE AND REDUCED PRICE SCHOOL MEALS – 2020/2021 SCHOOL YEAR

Dear Parent/Guardian:

Children need healthy meals to learn. **Cuddeback Union Elementary School District** offers healthy meals served every school day at participating schools. Cuddeback students may buy lunch for \$3.25 and/or breakfast for \$1.50. Students may also buy milk for \$0.50. You or your children do not have to be a U.S. citizen to qualify for free or reduced-priced meals. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from CalFresh, CalWORKS, or the Food Distribution Program on Indian Reservations (FDPIR), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For Reduced For School Year 2020/2021			
Household size	Yearly F / R	Monthly F / R	Weekly F / R
1	\$16,237/\$23,606	\$1,354/\$1,968	\$313/\$454
2	\$21,938/\$31,894	\$1,832/\$2,658	\$423/\$614
3	\$27,729/\$40,182	\$2,311/\$3,349	\$534/\$773
4	\$33,475/\$48,470	\$2,790/\$4,040	\$644/\$933
5	\$39,221/\$56,758	\$3,269/\$4,730	\$755/\$1,092
6	\$44,967/\$65,046	\$3,748/\$5,421	\$865/\$1,251
7	\$50,713/\$73,334	\$4,705/\$6,112	\$976/1,411
8	\$56,459/\$81,622	\$4,705/\$6,802	\$1,086/\$1,570
Each additional person:	\$5,746/\$8,288	\$479/\$ 691	\$111/\$160

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail our homeless/foster youth liaison coordinator at 707-768-3372, or [office@cuddebackschool.org](mailto:office@cuddebackschool.org).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *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:  
**Cuddeback Elementary School P.O. Box 7 / 300 Wilder Rd. Carlotta, CA 95528**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact the secretary at 707-768-3372, or email [office@cuddebackschool.org](mailto:office@cuddebackschool.org), immediately.
5. CAN I APPLY ONLINE? No. We currently do not have an online application system.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **Monday, September 31, 2020**. You must send in a new application unless you've received a letter stating that your child is eligible for the 2020/2021 school year. If you do not send in a new application that is approved by the school district, or you have not been notified that your child is eligible for free or reduced-priced meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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. Proof of income is required to reapply
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. 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.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
15. 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 1-877-847-3663 (FOOD).

If you have other questions or need help, call **(707)768-3372**.

Sincerely,

Cuddeback Union Elementary School District

# HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Food Services at (707) 768-3372.

**PLEASE USE A BLACK OR BLUE PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

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

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Cuddeback School, regardless of age.

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p><b>B) What school is this child enrolled in?</b> List the school child(ren) is enrolled in for each child.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are <u>ONLY</u> applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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## STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or CalFresh.
- Temporary Assistance for Needy Families (TANF) or CalWORKS.
- The Food Distribution Program on Indian Reservations (FDPIR).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a <u>case number</u> for SNAP, TANF, or FDPIR. You only <u>need to provide one case number</u>. If you participate in one of these programs and do not know your case number, contact: 1-877-847-3663.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
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## STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in **GROSS INCOME ONLY**. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes.
  - 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 taken from your pay.

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

- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B REPORT INCOME EARNED BY ADULTS

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**1) List adult household members’ names.** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

**2) Report earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.  
**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**3) Report income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

**4) Report income from pensions/retirement/all other income.** Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

**All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today’s date.** Print the name of the adult signing the application and that person signs in the box “Signature of adult.”

**C) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

**Mail Completed Form to: Cuddeback School P.O. Box 7 Carlotta, CA 95528. Optional: Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

# School Year 2020/2021 **Cuddeback School** Application for Free and Reduced-Price Meals Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a 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: CHILD/STUDENT INFORMATION - List ALL children in household. (if more spaces are required for additional names, attach another sheet of paper)**

<p><b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in <b>Foster care</b> and children who meet the definition of <b>Homeless, Migrant</b> or <b>Runaway</b> are eligible for free meals. Read <b>How to Apply for Free and Reduced Price School Meals</b> for more information.</p>	<b>Child's First Name</b>	<b>MI</b>	<b>Child's Last Name</b>	<b>D.O.B.</b>	<b>Current School</b>		<b>Foster Child</b>	<b>Homeless, Migrant, Runaway</b>	<b>Office Use Only School ID</b>
	<input type="checkbox"/>	<input type="checkbox"/>				Check all that apply	<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"/>	

**STEP 2: Do any Household Members currently participate in one or more of the following assistance programs? (Please circle): SNAP, TANF, or FDPIR**

**If NO** > Go to STEP 3.      **If YES** > Write a case number then go to STEP 4 (Do not complete STEP 3)      **Case Number:** \_\_\_\_\_

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

Are you unsure what income to include here?      Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

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

<b>Child Income</b>	\$	<b>How Often?</b>
		<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Mon <input type="radio"/> Monthly

**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 gross income (before taxes) for each source in whole dollars (no cents) 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

Name of Adult Household Members First and Last Name	Earnings from Work	How Often?				Public Assistance/ Child Support/ Alimony/ Pension/ Retirement/ Social Security	How Often?			
		Weekly	Bi-Weekly	2x Mon	Monthly		Weekly	Bi-Weekly	2x Mon	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**STEP 4: Contact Information & Adult Signature. Mail Completed Form To: Cuddeback School P.O. Box 7 Carlotta, CA 95528**

"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 child(ren) may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Contact Phone/Email</b>
<b>Printed name of adult signing form (First &amp; Last)</b>	<b>Signature of adult</b>	<b>Date</b>	<b>Last 4 digits of S.S.N. (social security number)</b> XXX - XX - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Check Box if No SSN</b> <input type="checkbox"/>

**FOR OFFICE USE ONLY** conversions: weekly x52; bi-weekly x26; 2x Mon x24; monthly x12

<b>Total Income</b>	<b>How often?</b>	<b>Household Size</b>	<b>Eligibility</b>	<b>Error Prone</b>
\$	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Mon <input type="radio"/> Monthly		<b>Free</b> <input type="radio"/> <b>Reduced</b> <input type="radio"/> <b>Denied</b> <input type="radio"/> <b>Categorical Eligibility</b> <input type="radio"/>	<input type="radio"/>

<b>Determining Official's Signature</b>	<b>Date</b>	<b>Confirming Official's Signature</b>	<b>Date</b>	<b>Verifying Official's Signature</b>	<b>Date</b>
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**INSTRUCTIONS**

**Sources of Income**

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - 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 - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

**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

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

**To file a program complaint of discrimination**, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.