

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM AND SCHOOL BREAKFAST PROGRAM FOR 2005-2006

Dear Parent or Guardian:

The _____ School District/Agency takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day. Students may buy lunch for \$_____ and/or breakfast for \$_____. Eligible students may receive meals free or at a reduced price of \$_____ for lunch and/or \$_____ for breakfast. Students may buy milk for \$_____.

- If you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free meals.
- 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.
- A foster care child who is the legal responsibility of the welfare agency or ward of the court may be eligible to receive meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

HOW TO APPLY

Complete and sign the attached ***Application for Free and Reduced-Price Meals or Free Milk***, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter (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 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 incomes 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.

INCOME ELIGIBILITY GUIDELINES

July 1, 2005 - June 30, 2006

HOUSEHOLD SIZE	YEAR		TWICE PER MONTH	EVERY TWO WEEKS	WEEK
	YEAR	MONTH			
1*	\$ 17,705	\$ 1,476	\$ 738	\$ 681	\$ 341
2	23,736	1,978	989	913	457
3	29,767	2,481	1,241	1,145	573
4	35,798	2,984	1,492	1,377	689
5	41,829	3,486	1,743	1,609	805
6	47,860	3,989	1,995	1,841	921
7	53,891	4,491	2,246	2,073	1,037
8	59,922	4,994	2,497	2,305	1,153

For each additional family member, add:

\$ 6,031 \$ 503 \$ 252 \$ 232 \$ 116

* A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

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). 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
<p>Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm</p>	<p>Public assistance payments, welfare payments, alimony, and child support payments</p>	<p>Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)</p>	<p>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</p>

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 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 school 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: Marni Posey
 ADDRESS: 1720 Oregon Street, Berkeley CA. 94703
 TELEPHONE: 510.644.4598

APPLYING FOR MEDI-CAL-(OPTIONAL SECTION)—
You do not need to complete the optional section to apply for or receive free or reduced-price meals. If your child is eligible for FREE schools meals, he/she may be eligible for Medi-Cal benefits. You may apply for Medi-Cal by completing an optional section and questions on the school meals application. If your child is approved for free meals and the parent/guardian has given his/her signed consent, the application will be forwarded to the Medi-Cal program. A Medi-Cal representative will contact you for more information to determine your child's eligibility for Medi-Cal benefits. Your child may qualify for temporary health coverage while your child's eligibility is determined. Medi-Cal may contact the school to assist in helping you complete the application process. If your child is not eligible for full-scope, no-cost Medi-Cal, the application may be sent to the low-cost Healthy Families or Healthy Kids health insurance programs to determine if your child is eligible for those programs.

Your child's citizenship/immigration status and social security number will be required for your child to receive full-scope Medi-Cal benefits. Children who cannot get a social security number may still be eligible for limited Medi-Cal benefits and/or Healthy Kids insurance.

CONFIDENTIALITY—Information provided on the NSLP/SBP application is confidential and will not be shared without consent for any purpose. A parent or guardian may give us written consent to share the application with Medi-Cal, Healthy Families and Healthy Kids. Medi-Cal will use the information only for the purposes of determining if your child is eligible for Medi-Cal benefits, for the administration of the Medi-Cal program and to contact the school to request assistance in helping you to complete the Medi-Cal application process. If applicable, the Healthy Families or Healthy Kids programs will use the information only for the purposes of determining if your child is eligible for those programs.

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

NAME: Cassandra Powell
 ADDRESS: 1720 Oregon Street, Berkeley, CA. 94703
 TELEPHONE: 510.644.6200

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

Sincerely, Marni Posey