

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK IN CHILD NUTRITION PROGRAMS

(Effective from July 1, 2008 through June 30, 2009)

Participants from households with incomes at or below the following levels may be eligible for free or reduced-price meals or free milk.

HOUSEHOLD SIZE	FREE ELIGIBILITY SCALE <i>LUNCH, BREAKFAST, MILK</i>					REDUCED-PRICE ELIGIBILITY SCALE <i>LUNCH, BREAKFAST</i>				
	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 13,520	\$ 1,127	\$ 564	\$ 520	\$ 260	\$ 19,240	\$ 1,604	\$ 802	\$ 740	\$ 370
2	18,200	1,517	759	700	350	25,900	2,159	1,080	997	499
3	22,880	1,907	954	880	440	32,560	2,714	1,357	1,253	627
4	27,560	2,297	1,149	1,060	530	39,220	3,269	1,635	1,509	755
5	32,240	2,687	1,344	1,240	620	45,880	3,824	1,912	1,765	883
6	36,920	3,077	1,539	1,420	710	52,540	4,379	2,190	2,021	1,011
7	41,600	3,467	1,734	1,600	800	59,200	4,934	2,467	2,277	1,139
8	46,280	3,857	1,929	1,780	890	65,860	5,489	2,745	2,534	1,267
For each additional family member, add:										
	\$ 4,680	\$ 390	\$ 195	\$ 180	\$ 90	\$ 6,660	\$ 555	\$ 278	\$ 257	\$ 129

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, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Jack O'Connell – State Superintendent of Public Instruction

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APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR SCHOOL YEAR 2008-2009

SECTION A: CHILDREN'S INFORMATION: Write the names of all the children in your household whether or not they attend school. Indicate if the children receive Food Stamps, CalWORKs, Kin-GAP, or FDIPIR benefits.

Last Name	First Name	Food Stamp, CalWORKs, Kin-GAP, or FDIPIR Case Number	List Income Received By the Child, (If Any)	Current School (Write "N/A" If Not in School)	Grade	FOR SCHOOL USE ONLY Student ID Number

FOR SCHOOL USE ONLY ELIGIBILITY DETERMINATION	
HOUSEHOLD SIZE:	
HOUSEHOLD INCOME:	
DETERMINING OFFICIAL:	DATE:
Direct Certified as: H M R	YEAR ROUND TRACK:
<input type="checkbox"/> FREE	<input type="checkbox"/> REDUCED <input type="checkbox"/>
Categorically FREE Eligible from (circle): Food Stamps CalWORKs Kin-GAP FDIPIR ZERO INCOME – TEMPORARY FREE UNTIL: (45 calendar days from date of this determination)	
2nd Review:	EP <input type="checkbox"/>
Verification Official:	Follow-up:

FOSTER CHILD INFORMATION: If this application is for a foster child, write the child's name and personal-use income, and sign and date the application.

LAST NAME	FIRST NAME	SCHOOL	PERSONAL-USE INCOME \$
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SECTION B: List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more-or-less than usual, enter the usual monthly income. Also enter any income received by a child or for a child from full-time or regular part-time employment, Social Security, or Adoption Assistance

Full Name	Gross Monthly 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

SECTION C: I certify that all of the above information 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.

SECTION D: CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional): 1) Mark one or more racial identities:

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

2) Mark one ethnic identity: Of Hispanic or Latino origin Not of Hispanic or Latino origin

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		DATE	
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

ANDERSON UNION HIGH SCHOOL DISTRICT
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
OR FREE MILK FOR SCHOOL YEAR 2008-2009**

Please complete the application on the reverse side, sign the application, and return it to your child's school. For additional instructions, refer to the *Letter to Households* that is attached to 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 Social Security number of the person who signed the application. If the person signing the application does not have a social security number, write "none" in the space provided.

ALL HOUSEHOLDS: READ THIS SECTION

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: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, California Work Opportunity (CalWORKs), Kinship Guardian Assistance Payment (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a Social Security number. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

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