

## AUHSD National School Lunch and Breakfast Program 2015-16

Acalanes Union High School District provides free and reduced-price meals for children served under the National School Lunch Program and Breakfast Program. Applications are available at the principal's office and cafeteria in each school, and on the district website. To apply for free or reduced-price meal benefits, households must complete an application and return it to the school or food service office for processing. Applications may be submitted at any time during the school year. The information households provide on the application will be used to determine meal eligibility and may be verified at any time during the school year by school or program officials.

The household size and income criteria identified below will be used to determine eligibility for free, reduced-price, or full-price meal benefits. Children from households whose income is at or below the levels shown here are eligible for free or reduced-price meals. Children who receive Food Stamp (FS), California Work Opportunity and Responsibility to Kids (CaWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits are automatically eligible for free meals regardless of the income of the household in which they reside. Eligibility for a foster child is based on a separate application and solely on the amount of the child's "personal use" income.

### REDUCED- PRICE ELIGIBILITY SCALE MEALS AND SNACKS

HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 21,775	\$1,815	\$ 908	\$ 838	\$ 419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:					
	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148

In accordance with federal law and U.S. Department of Agriculture (USDA) 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.

Requirements for school officials to determine eligibility for free and reduced-price benefits are as follows: For households receiving Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits – applications need only include the enrolled child(ren)'s name, Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, and the signature of an adult household member. For households who do not list a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number, the application must include the names of all household members, the amount and source of the income received by each household member, and the signature and corresponding Social Security number of an adult household member. If the household member who signs the application does not have a Social Security number, the household member must indicate on the application that a Social Security number is not available.

Under the provisions of the free and reduced-price meal policy, the determining official(s), as designated by the sponsor/agency, shall review applications and determine eligibility. Parents or guardians dissatisfied with the eligibility ruling may discuss the decision with our [Director of Food Services](#), (925) 280-3960 x5907, 310 Moraga RD, Moraga, CA 94556. If you would like to have this decision reviewed further, you may call or write for a hearing. The school's hearing officer is our [Associate Superintendent, Administrative Services](#) at the AUHSD District Office, 1212 Pleasant Hill Road, Lafayette, CA 94549. The telephone number is (925) 280-3900 X 6622. If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the levels shown above.

Please feel free to contact the Food Service Department with any questions, (925) 280-3960 x 5914.



# Acalanes Union High School District

## APPLICATION for 20\_\_ - \_\_ FREE & REDUCED-PRICE MEALS or FREE MILK

Complete and return this application to:  
AUHSD Food Services  
310 Moraga Rd., Moraga, CA 94556

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION		
HSGLD SIZE:	HSGLD INCOME: \$	
FREE:	REDUCED:	DENIED:
YEAR RND TRACK:	FS / CalWORKs / KinGAP / FDPIR:	
TEMPORARY FREE UNTIL: (No more than 45 calendar days from date of determination)		
DETERMINING OFFICIAL:		DATE:

### SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION			Food Stamp (FS), CalWORKs, KinGAP, or FDPIR Benefits		FOSTER CHILD		FOR SCHOOL USE ONLY
Last Name	First Name	School Name	Yes/No	If YES, enter case number below:	Yes/No	If YES, complete one application per Foster Child. Enter child's monthly personal-use income:	Student ID
1.							
2.							
3.							
4.							
5.							

If you entered a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for **each** child in Section A, or if this application is for a Foster Child and you entered his/her monthly personal-use income, skip Section B and complete Section C.

### SECTION B. HOUSEHOLD MEMBERS and THEIR MONTHLY INCOME (IF ANY)

(1) List all **adult** household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month; (3) Enter any income received last month **by/for a child** from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4), If amount last month was more/less than usual, enter the usual amount.

Full 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.					
5.					

**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 any other means.

**Privacy Act Statement: National School Lunch Act (Section 9)** requires that, unless your child's Food Stamp, CalWORKs, KinGAP, or 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 if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### SECTION C. ALL HOUSEHOLDS READ and COMPLETE THIS SECTION

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 for 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:	Telephone Number: ( )	Date:
Printed name of adult household member signing this application:	Social Security Number (Last 4 Digits or None): XXX-XX-_____	
Address:		
City:	State:	Zip Code:

### SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional) This Institution is an Equal Opportunity Provider and Employer.

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



# Acalanes Union High School District

## SOLICITUD PARA 20\_\_ - \_\_ COMIDAS ESCOLARES GRÁTIS Y A PRECIOS REDUCIDOS O PARA LECHE GRATIS

Complete esta solicitud y regresela a :  
AUHSD Food Services  
310 Moraga Rd., Moraga, CA 94556

FOR SCHOOL USE ONLY:		
ELIGIBILITY DETERMINATION		
HOUSEHOLD SIZE:	HOUSEHOLD INCOME:	
	\$	
FREE:	REDUCED:	DENIED:
YRE TRACK:	FS/CalWORKs/KinGAP/FDPIR:	
TEMPORARY FREE UNTIL:		
DETERMINING OFFICIAL:		DATE:

### SECCIÓN A. TODOS LOS NIÑOS DEL HOGAR QUE VIVEN EN LA CASA DEBEN SER INCLUIDOS ESTA SECCION

INFORMACION DE ESTUDIANTES/NIÑOS			ESTAMPILLAS DE COMIDA FS, CalWORKs, KinGAP o BENEFICIOS FDPIR		NIÑOS ADOPTADOS FOSTER		FOR SCHOOL USE ONLY
Apellido	Nombre Primero	Escuela (N/A, ninguna)	SI/ NO	Respuesta SI, Escriba el No. FS, CalWORKs, o BENEFICIOS FDPIR	SI/ NO	Respuesta SI, escriba el Ingreso personal mensual del niño	Student ID
1.							
2.							
3.							
4.							

**SECCION B. INGRESO MENSUAL DE LOS MIEMBROS DEL HOGAR QUE VIVEN EN LA CASA: SI DECLARA EL NUMERO DE CASO DE ESTAMPILLAS DE COMIDA CalWORKs, KinGAP, o FDPIR, POR CADA NIÑO, o si la aplicacion es para niño foster y Ud. Indico ingreso personal del niño, NO LLENE ESTA SECCION, SIGA CON LA SECCIÓN C. Un niño adoptivo (foster) que esta bajo la responsabilidad legal de la agencia de welfare o corte puede recibir comida gratis o a precios reducidos sin tomar en cuenta sus ingresos.**

Escriba los nombres de todos los miembros adultos del hogar y indique la cantidad y el origen del ingreso que cada miembro recibio el ultimo mes. Si esto no refleja correctamente su ingreso mensual, proyecte su ingreso normal del mes. No llene esta seccion si tiene para cada niño de la seccion el numero del caso de Estampillas de Comida, CalWORKs, KinGAP, o FDPIR. Firma la aplicacion en la seccion C. También incluya todos los ingresos recibidos de los adolescentes, y sea por tiempo completo o incompleto de trabajo, SSI, o asistencia de adopcion.

Apellido	Primer Nombre	Sueldos de trabajos (antes de las deducciones) incluya todos los trabajos	Pensiones, Jubilación, Seguro Social	Beneficios de Welfare, Ayuda económica para niños, asistencia de divorcio	Cualquier otro ingreso	FOR SCHOOL USE ONLY TOTAL MONTHLY INCOME
1.						
2.						
3.						
4.						

### SECCIÓN C. TODOS LOS HOGARES DEBERAN LEER Y COMPLETAR ESTA SECCION

**Sección 49557(a) del Código de Educación de California**  
 La solicitud para las comidas gratis o a precios reducidos puede ser enviada en cualquier momento durante el día escolar. Los niños que participen en el Programa Nacional de Alimentos Escolares, no se les distinguirá con el uso de fichas especiales, boletos especiales, filas especiales de servicio, entradas separadas, comedores separados o otra forma de discriminación.  
 El Programa Nacional de Alimentos Escolares de la Ley Federal (Sección 9) requiere que Ud., al menos que anote el número del caso de Estampillas de Comida, CalWORKs, [KinGAP], FDPIR de su hijo(s), tiene que incluir el Seguro Social del adulto de la casa quien firma la aplicación o indicar que el miembro del la casa firmando la aplicación no tiene un numero de seguro social. No es obligatorio dar el seguro social, pero si no se da un numero de seguro social o no se indica que el que firma no tiene tal numero, la aplicación no puede ser aprobada. El numero de seguro social puede ser usado para identificar el miembro del hogar para luego poder verificar la información indicada en la aplicación. Estos esfuerzos de verificación pueden ser realizados por medio de revisión del programa, comprobación de cuentas, y investigaciones y pueden incluir contacto con la oficina de empleos para determinar ingreso, beneficios, contacto con la oficina del estado de empleo seguro para determinar la cantidad de beneficios recibidos y para averiguar la documentación producida de los miembros del hogar para luego comprobar la cantidad de ingreso recibida. Estos esfuerzos pueden resultar en perdida o rebajo de beneficios, reclamo de administración o acciones legales si se reporta información incorrecta.

Entiendo que toda la información en esta solicitud es verdadera y correcta, y que todos los ingresos son declarados. Entiendo que esta información es para el recibo de fondos federales; que las autoridades escolares pueden verificar la información de esta solicitud; Y que la falsificación deliberada de datos, me expone a ser enjuicado/a conforme a las leyes federales y estatales pertinentes.

<b>Firma de Adulto miembro del hogar quien llena esta:</b>	<b>Teléfono:</b>	<b>Fecha:</b>
<b>Imprima el nombre del adulto que firma esta aplicación:</b>	Escriba su número de Seguro Social (SS#) (ultima 4 numeros o NADA) XXX-XX-_____	
<b>Domicilio:</b>		
<b>Ciudad:</b>	<b>Codigo:</b>	<b>Total numero de adultos y niños del hogar:</b>

### SECCIÓN D. IDENTIDADES ÉTNICAS Y RACIALES DE NIÑOS (opcional)

- Apunte uno o mas identidades raciales: ( ) Indígena Americano o Nativo de Alaska ( ) Asiático ( ) Negro o Africano-Americano ( ) Hawaiano Nativo o otro Islajero Pacifico ( ) Blanco
- Apunte un identidad etnico : ( ) De origen Latino o Hispánico ( ) No de origen Latino o Hispánico