

LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM 2009-2010

The Irvine Unified School District takes part in the National School Lunch Program. Meals are served every school day and are available at regular price or families may apply for assistance by using the application on the reverse side of this page. The lunch prices are \$3.25/ Elementary, \$3.75/ Middle & High Schools and \$4.00 for Reduced Price/all schools. Students may purchase milk for .75¢.

Return completed application form with income documents attached for all working adults to: I.U.S.D. Nutrition Services, 5050 Barranca Parkway, Irvine, CA. 92604.

...If you now receive Food Stamps, California Work Opportunity & Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) your child may receive free meals. Also, WIC participants may be eligible for free or reduced price 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 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 free or reduced price meals regardless of your income. Foster children must have a separate application from other children in you household and their eligibility is based on their "Personal Use Income".

PLEASE READ ALL THE INSTRUCTIONS – INFORMATION CHANGES YEARLY

A NEW APPLICATION IS REQUIRED EACH SCHOOL YEAR.

READ HOW TO APPLY FOR FREE OR REDUCED PRICE MEALS

ALL FAMILIES MUST ATTACH PROOF/SOURCE OF INCOME WITH THIS APPLICATION.

Include your most current pay stub, unemployment receipt, etc., or Notice of Action Letter if you are on Food Stamps. If someone is providing for you but not living in the household, you must include an official document verifying the amount that person is sending you monthly to support the family.

1. **Foster Care or Out-of-Home-Care Child** – one who is the legal responsibility of the welfare agency or ward of the court. **USE ONE APPLICATION PER CHILD.** Complete Section B writing student's name, the specific school, and the amount of "personal use income" (money given by the welfare office and all other money the child gets, such as money from his/her family and from child's full-time or regular part-time jobs.) **The foster parent or agency official must sign in Section C.** Fill in the address for notification.
2. **Food Stamp, CalWORKs, KinGAP, or FDPIR Households** – Complete Section A listing each child's name, specific school, and your food stamp, CalWORKs, KinGAP or FDPIR number. **An ADULT HOUSEHOLD MEMBER MUST SIGN Section C** and fill in the address for notification. **ONLY Orange County NOTICE OF ACTION LETTERS ARE ACCEPTED.**
3. **All Other Income Households (wages, salary, pensions, unemployment, etc.)** – **COMPLETE ONLY ONE APPLICATION PER FAMILY.** If you do not list a food stamp, CalWORKs, KinGAP, or FDPIR case number for each student listed on the application, you must complete Section B listing all children and Section C listing all adults 21 years and older with the amount each person received last month before taxes and source of that income: such as earnings, welfare, pensions, savings and other incomes.

PROOF/SOURCE OF INCOME MUST BE ATTACHED TO THIS FORM. ONLY PERSONS SELF-EMPLOYED MAY SUBMIT A 1040 TAX RETURN FORM, ALL OTHERS MUST SUBMIT A WEEKLY/MONTHLY PAY STUB.

Social Security Number – The application must have the social security number of the adult who signs the application. If the adult does not have a social security number at this time, write "none" or something else to show that the adult does not have a social security number.

THIS APPLICATION CAN NOT BE APPROVED AND WILL BE RETURNED IF IT CONTAINS INCOMPLETE INFORMATION.

If you have any questions or need help in completing the application, contact the Food Service Office 949-936-6520. In approximately ten working days of receipt of a completed application, you will be notified by mail of your child's status. **CONTINUE TO PROVIDE LUNCH FOR YOUR CHILD UNTIL YOU RECEIVE WRITTEN NOTIFICATION THAT YOUR APPLICATION WAS APPROVED OR DENIED.** Your approval letter should be kept with other important documents. **A \$5.00 fee will be charged for each additional letter requested.**

Verification - School officials may check the information on this application at any time during the school year. You may be asked to send proof of income or current eligibility for Food Stamp, CalWORKs, or Kin-GAP.

Reporting Changes – If your child is approved for free or reduced price meals, you must tell the Food Service Office when your household size changes. Also, if you list a food stamp, CalWORKs, KinGAP, FDPIR number, you must report when you no longer receive these benefits.

Apply 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, or your family size becomes larger, you may submit an application at that time.

Nondiscrimination – Children who receive free or reduced price 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 decision on your application or the result of verification, you may discuss it with the Director. You also have the right to a fair hearing. This can be done by contacting the following school official: Vernon Medeiros, Deputy Superintendent, Irvine Unified School District, 5050 Barranca Parkway, Irvine, CA. 92604; (949)-936-5000.

Confidentiality – Family size, household income, and Social Security Number information will remain confidential and will not be shared for any purpose. Information you provide will determine your children's eligibility to receive free or reduced price meals and to verify eligibility.

WIC Participants – If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infant, and Children – better known as the WIC Program, your child may be eligible for free or reduced-price meals.

Meals for Disabled – If you believe your child needs a food substitute or texture modification because of a disability, contact the Food Service Director. A disabled child is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school meal.

Income Eligibility Guidelines
July 1, 2009-June 30, 2010

*A household of one means a
foster child, Out-of-Home Care child,
or a pupil who is his/her sole support.

Sincerely,

Rhonda DeVaux
Director of Food Services

Household Size	Weekly	Monthly	Annually
1	\$386	\$1,670	\$20,036
2	\$519	\$2,247	\$26,955
3	\$652	\$2,823	\$32,560
4	\$785	\$3,400	\$40,793
5	\$918	\$3,976	\$47,712
6	\$1,051	\$4,553	\$54,631
For each additional family member add	\$134	\$577	\$6,919

To calculate monthly income:
Weekly income x 4.33
Every two weeks x 2.15
Twice a month x 2



IRVINE UNIFIED SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR SCHOOL YEAR 2009-2010

COMPLETE AND RETURN THIS APPLICATION TO THE SCHOOL

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION. Includes fields for HSHLD SIZE, HSHLD INCOME, FREE, REDUCED, DENIED, TEMPORARY FREE UNTIL, and DETERMINING/VERIFICATION OFFICIALS.

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

Table with columns: STUDENT / CHILD INFORMATION, FOOD STAMP (FS), CALWORKS, KIN-GAP, OR FDPIR BENEFITS, FOSTER CHILD, FOR SCHOOL USE ONLY. Includes rows for student details and income reporting.

If you entered a Food Stamp, CalWORKs, Kin-GAP, 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. ALL 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.

Table with columns: FULL NAME, GROSS EARNINGS FROM WORK BEFORE DEDUCTIONS, PENSION, RETIREMENT, SOCIAL SECURITY, WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS, ANY OTHER MONTHLY INCOME, FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME.

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, CalWORKs, Kin-GAP, 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.

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 and contact information section including fields for SIGNATURE OF ADULT HOUSEHOLD MEMBER, TELEPHONE NUMBER, DATE, PRINTED NAME OF ADULT HOUSEHOLD MEMBER, SOCIAL SECURITY NUMBER, ADDRESS, CITY, STATE, and ZIP CODE.

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)

Form for marking racial and ethnic identities with checkboxes for American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, White, Of Hispanic or Latino Origin, and Not of Hispanic or Latino Origin.