

MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT LETTER TO HOUSEHOLDS ABOUT NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM FOR 2020-2021

Dear Parent or Guardian:

The Monterey Peninsula Unified School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for:

	Elementary	Secondary	Reduced Price
Breakfast	\$2.00	\$2.25	\$.30
Lunch	\$3.00	\$3.50	\$.40

You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals. If there are more household members than the number of lines on the application, attach a second application.

LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

QUALIFICATION: Your children may qualify for free or reduced-price meals if your household income falls at or below the federal Income Eligibility Guidelines below.

INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2019-June 30, 2020

HOUSEHOLD SIZE	WEEK	MONTH	YEAR
1*	\$ 454	\$1,968	\$23,606
2	\$ 614	\$2,658	\$31,894
3	\$ 773	\$3,349	\$40,182
4	\$ 933	\$4,040	\$48,470
5	\$1,092	\$4,730	\$56,758
6	\$1,251	\$5,421	\$65,046
7	\$1,411	\$6,112	\$73,334
8	\$1,570	\$6,802	\$81,622
For each additional household member add:			
	\$ 160	\$ 691	\$ 8,288

APPLYING FOR BENEFITS: An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

DIRECT CERTIFICATION: An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

HOW TO APPLY FOR FREE OR REDUCED-PRICE MEALS – Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

STEP 1: STUDENT INFORMATION – Include ALL STUDENTS who attend Monterey Peninsula Unified School District. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the “Foster” box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable “Homeless, Migrant, or Runaway” box and complete all STEPS of the application.

STEP 2: ASSISTANCE PROGRAMS – If ANY household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are eligible for free meals. Must check the applicable assistance program box, **enter one case number**, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS – Must report **GROSS** income (before deductions) from **ALL** household members (children and adults) in whole dollars. Enter “0” for any household member that does not receive income.

- A) Report the combined GROSS income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child’s income if you are applying for foster and non-foster children on the same application.
- B) Print the names (first and last) of **ALL OTHER** household members not listed in STEP 1, including yourself. Report the total GROSS income from each source and enter the appropriate pay period.
- C) Enter the total household size (children and adults). This number **MUST** equal the listed household members from STEP 1 and STEP 3.
- D) Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the “NO SSN” box.

VERIFICATION: School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.

WIC PARTICIPANTS: Households that receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, **may** be eligible for free or reduced-price meals by completing an application.

HOMELESS, MIGRANT, RUNAWAY & HEAD START: Children who meet the definition of homeless, migrant, or runaway, and children participating in their school’s Head Start program are eligible for free meals.

FOSTER CHILD: The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not eligible, this does not prevent a foster child from receiving free meals.

FAIR HEARING: If you do not agree with the school’s decision regarding your application’s determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing the following: Ryan Altemeyer, Associate Superintendent, MPUSD, P.O. Box 1031, Monterey, CA 93942, 831-645-1269.

ELIGIBILITY CARRYOVER: Your child’s eligibility status from the previous school year will continue into the new school year for up to 30 operating days or until a new determination is made. **When the carryover period ends, your child will be charged the full price for meals, unless the household receives a notification letter**

for free or reduced-price meals. School officials are not required to send reminder or expired eligibility notices.

NON-DISCRIMINATION STATEMENT: 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, 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 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, 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 Independence Ave SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. **(Make sure the signing household member is listed in the Adult section.)** Print the name of the adult signing the application, contact information, and today’s date.

OPTIONAL: CHILDREN’S ETHNIC AND RACIAL IDENTITIES – This field is optional to complete and does not affect your children’s eligibility. Please check the appropriate boxes.

INFORMATION STATEMENT: 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 are not required when you list a CalFresh, CalWORKs, or 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.

QUESTIONS/NEED ASSISTANCE: Please contact Nutrition Services at 831-392-3903 or for Spanish call 831-392-3961.

SUBMIT: Please submit a complete application to your child’s school or the nutrition office at 540 Canyon Del Rey, Del Rey Oaks, CA 93940. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Micha James, Nutrition Services Director

MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT
FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION 2020-2021

PART 1. ALL CHILDREN IN HOUSEHOLD					Application #
Names of all children in household (Last name, First name)	Name of school for each child/or indicate "NA" if child is not in school	Birthdate	Grade	Foster child: Check box if child is a Foster Child. Write income received	FOR SCHOOL USE ONLY
				<input type="checkbox"/> \$	Error Prone <input type="checkbox"/>
				<input type="checkbox"/> \$	Eligibility: Free Reduced Denied
				<input type="checkbox"/> \$	Categorical Eligible: <input type="checkbox"/>
				<input type="checkbox"/> \$	Total Income: _____
				<input type="checkbox"/> \$	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks
				<input type="checkbox"/> \$	<input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year
				<input type="checkbox"/> \$	Household size: _____
PART 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES CAL FRESH(SNAP), (FDPIR) OR (TANF), PROVIDE THE PROGRAM, NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS. ENTER ANY CHILD CHECK BOX BELOW CAL FRESH(SNAP) ___ FDPIR ___ CalWORKS(TANF) ___ CASE NUMBER: _____ <input type="checkbox"/> HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY					Official: _____ Date: _____ Verif Official: _____ Date: _____ Ending Elig: _____
PART 3. TOTAL HOUSEHOLD GROSS INCOME: _____ Student Income _____ How often _____					
A. STUDENT INCOME: Enter TOTAL GROSS income (before deductions) and how often. \$ _____ / _____					
How much and how often. (Weekly, Biweekly, Monthly, Bimonthly, Yearly.)					
B. List all adult household members (over 18) TOTAL GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Print 0 if no income)					
NAME	Earnings From Work before deductions	Welfare, child support, alimony	Retirement, Social Security, SSI, VA	All Other Income	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES
PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)					(OPTIONAL)
An adult household member must sign the application. Signing adult must be in above section. The adult signing the form must list the last 4 digits of his or her Social Security Number or mark the "No Social Security Number" box. <i>I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and may be prosecuted.</i>					Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Sign here: _____ Print Name: _____ Address: _____ Phone Number: _____ City: _____ State: _____ Zip Code: _____ Date: _____					Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Black or African American
Last 4 digits of Social Security Number: ____-____ <input type="checkbox"/> No Social Security # email address _____					