

**PRICING LETTER TO HOUSEHOLDS FOR FREE AND REDUCED-PRICE MEALS for the State Meal Program (serves all students) — 2017-18 School Year**

**Dear Parent or Guardian:**

**The Nevada Joint Union School District takes part in the National School Lunch and/or School Breakfast Programs. Meals are served every school day at participating schools. Students may buy breakfast for \$2.00 and lunch for \$4.00. Eligible students may receive meals free of charge. You or your children do not have to be a U.S. citizen to qualify for free or reduced-price meals.**

**TERMS**—“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, utility bills, etc.

**SOCIAL SECURITY NUMBER (SSN)**—The Application must include the last four digits of the SSN of the adult who signs it. If the adult does not have a SSN, check the “I do not have a SSN box.” If you have listed a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number for the child, or if the Application is for a foster child, an SSN is **not** required of the adult signing the Application.

**DIRECT CERTIFICATION**—This school/agency participates Direct Certification. If your household currently receives benefits from one of the following programs: CalFresh (previously Food Stamps), California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR). DO NOT complete a meal Application. School officials will notify you of your children’s eligibility for free meals. If you are not contacted by **August 31, 2017** but think your children are eligible for free meals, please contact the school. You may need to complete an Application.

**MIXED HOUSEHOLDS WITH DIRECTLY CERTIFIED, FOSTER, OR/AND NON DIRECTLY CERTIFIED CHILDREN**—To apply complete the Application for Free and Reduced-Price Meals, sign it, and return it to the school. Households must complete an Application when EACH child who does not have a case number or/and is not a foster child.

**FDPIR BENEFITS**—Households participating in the FDPIR are categorically eligible for free meals/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 CalFresh 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 CalFresh households.

**FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE—Who are the legal responsibility of a welfare agency or court.** Foster children are categorically eligible for free meals without further Application, but the eligibility is not extended to other non-foster children in the household. Households with foster/non-foster children are encouraged to complete an Application, since foster children may be counted as a household member, which may help the foster family’s non-foster children qualify for free or reduced-price meals based on the household size and income. If you choose to add both your foster/non-foster children on the Application, you will need to report the foster/non-foster’s income (personal income provided to the child or earned by the child), if any, and the foster parent signs the Application and provides the last four digits of their SSN.

**INCOME HOUSEHOLDS**—To apply, Complete the Application for Free and Reduced-Price Meals. Follow the instructions on the Application and see the Income to report chart on the right, sign it, and return it to the school.

**MILITARY HOUSING INCOME**—If you are in the *Military Housing Privatization Initiative* or get combat pay, DO NOT include these allowances as income. You do report any military benefits received in cash, such as housing allowances (off-base or general commercial/private real estate market), food, clothing, and deployed service member’s income made available by them or on their behalf to the household.

**HOMELESS, RUNAWAY, & MIGRANT**—Contact the school for details.

**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 meal.

**WIC PARTICIPANTS**—If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC), your child may be eligible for free/reduced-price meals. We encourage you to complete an Application and return for processing.

**APPLYING FOR BENEFITS**—You may apply for meal benefits at any time during the school year. If you are not eligible now, but your income decreases during the school year, you lose your job, your family size becomes larger, or you become eligible for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits, you may submit an Application at that time.

**A COMPLETE HOUSEHOLD APPLICATION**—The Application cannot be approved unless it contains complete eligibility information. If you **do not** enter a CalFresh, CalWORKS, Kin-GAP, or FDPIR case number for **each** student (or an adult household member) listed on the Application, you must complete the following:

**Note:** You must complete an Application with all household members and their income listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

**Section A:** The names of all children in your household, name of school or write “none” if not in school, their earned income with frequency, or mark the “if no income box.” The Children’s Racial and Ethnic Identities, is voluntary to answer.

**Section B:** The names of all adults in the household, the amount of income, the source and frequency of income, or mark the “if no income box” for each person listed.

**Section C:** Enter contact information, mailing address, and the last four digits of the SSN of the adult household member signing the Application, or mark the “I do not have an SSN box” if the adult does not have an SSN.

**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 validate your income, or current eligibility for CalFresh, CalWORKS, Kin-GAP, or FDPIR benefits. For a foster child, you will need to provide written documentation that verifies the foster child is the legal responsibility of an agency/court or provide the name and contact information for a person at the agency/court who can verify that the child is a foster child.

**INFORMATION STATEMENT**—The Richard B. Russell National School Lunch Act requires the information on this Application. You do not have to provide 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 SSN of the adult household member who signs the Application. The last four digits of the SSN is not required when you apply on behalf of a foster child or when you list a CalFresh, CalWORKS, KinGAP, 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 SSN. Your family size, household income, and the last four digits of your SSN will remain confidential and will not be shared. 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.

**OVERT IDENTIFICATION**—Children who receive free or reduced-price meals must be treated in the same manner as children who pay full price for meals, and not overtly identified.

**FAIR HEARING**—If you do not agree with the school’s decision regarding your Application’s eligibility determination 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: **Laura Flores, 530-273-3351 x204, 11645 Ridge Road, Grass Valley, CA 95945**

**INCOME FOR THE SELF-EMPLOYED**—Self-employed persons may use last year’s income as a basis to project their current year’s NET income, unless your current net income provides a more accurate measure. The income to

be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as medical expenses and other non-business deductions are not allowed in reducing gross business income.

**CALCULATING INCOME**—List all adult household members, whether or not they receive income. For each household member with income: write the amount of current income, enter the source of current income received, such as from wages, pensions, retirement, welfare, child support, and so on, for each category, and how often received (frequency). **Gross Earnings from work is the amount earned before taxes and other deductions.** If any current amount received was more or less than usual, write the usual or projected income. Households receiving different income intervals must annualize their income by calculating weekly x 52; every two weeks x 26; twice a month x 24; and monthly by 12.

INCOME TO REPORT	
Earnings from work before deductions; include all jobs	Gross Wages/salaries/tips, strike benefits, unemployment compensation, workers’ compensation, and net income from self-owned business or farm
Pensions Retirement Social Security	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)
Welfare, Child Support, Alimony	Public assistance payments, welfare payments, alimony, and child support payments
List Other Income	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 temporary income

Income Eligibility Guidelines (IEGs) July 1, 2017–June 30, 2018					
Use the income chart below to see if you qualify for the free or reduced-price meal program					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,614	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
For each additional household member add	\$7,733	\$645	\$323	\$298	\$149

**NON-DISCRIMINATION STATEMENT**—This explains what to do if you believe you have been treated unfairly. “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 Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339, or 800-845-6136 (Spanish).”

**Do you Need Assistance completing the Application or have questions?**

Please contact,  
**Nevada Union High School 530-273-4431**  
**Bear River High School 530-268-3700**  
**Silver Springs High School 530-272-2635**  
**Ghidotti Early College High School 530-274-5270**

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

**Sincerely,**

**Iva Lee**  
 Food Services Department

**School Year 2017-18 Nevada Joint Union High School District Application for Free and Reduced-Price Meals** Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at [www.njuhsd.com](http://www.njuhsd.com). This institution is an equal opportunity provider.

**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 federal 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.**

**STEP 1 – STUDENT INFORMATION**

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of <b>EACH STUDENT</b> (First, Middle Initial, Last)	Enter <b>school name and grade level</b>		Enter <b>student's birthdate</b>	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>				
	<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>		<b>1st</b>	<b>12-15-2010</b>	Foster	Homeless	Migrant
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR**

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If <b>YES</b> , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

**STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)**

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Enter the <b>TOTAL GROSS</b> income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: <b>W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly</b>	Total Student Income	How Often
	\$	

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** List **ALL** household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of <b>ALL OTHER</b> Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

<b>C. Total Household Members</b> (Children and Adults)	<input type="text"/>	<b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>	<input type="text"/>	<b>Check the box if NO SSN</b> <input type="checkbox"/>
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**STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE**

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State:    Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
<input type="text"/>	<input type="checkbox"/> Categorical
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
	<input type="checkbox"/> Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

<b>OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES</b>
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.
<b>Ethnicity (check one):</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race (check one or more):</b>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White