



Dear Parent or Guardian:

The East Side Union High SD participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals every school day. Students may buy lunch for \$3.25 and breakfast for \$1.75. Eligible students may receive meals free of charge for lunch and breakfast (there is no charge for reduced-priced approval). 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. For additional assistance, please email Maria Tavares at [tavaresm@esuhsd.org](mailto:tavaresm@esuhsd.org) or call 408 347 5191.

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
July 1, 2017–June 30, 2018

Table with 6 columns: Household Size, Year, Month, Twice Per Month, Every Two Weeks, Week. Rows show income levels for household sizes 1 through 8, plus an additional row for each additional family member.

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.

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. Please contact Maria Tavares at 408 347 5191.

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: Associate Superintendent of Business, ESUHS, 830 N. Capitol Ave., San Jose, CA 95133— 408 347 5051.

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, audiotope, 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.

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 ESUHS and ALL their siblings. Print their name (first, middle initial, last), school, and grade level. 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 last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the "NO SSN" box.

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE – The application must be signed by an adult household member. 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 for free or reduced-price meals. Please check the appropriate boxes.

OPTIONAL: CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS – This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals.

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 primary wage earner or other adult household member. 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 Maria Tavares at [tavaresm@esuhsd.org](mailto:tavaresm@esuhsd.org) or call 408 347 5191.

SUBMIT: Please submit a complete application to CNS-ESUHS, 830 N. Capitol Av., San Jose, CA 95133. You will be notified if your application is approved or denied for free or reduced-price meals.

Sincerely,
Julie Kasberger, ESUHS Director of General Services

**2017-2018 ESUHSD Application for Free and Reduced-Price Meals w/CalFresh Option** Complete one application per household. Mail the completed application to Maria Tavares, CNS-ESUHSD, 830 N. Capitol Av, San Jose CA 95133 Read the instructions included with the application on How to Apply. Print clearly with a pen. 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. If there are more household members than the number of lines on the application, attach a second application.

Name _____	Grade _____
ID# _____	Sch _____
Birthdate _____	Male _____ Female _____

Print the name of ALL CHILDREN (First, Middle Initial, Last)	Enter School Name or Student ID Number (If Any)	Grade	Check the applicable box if the student is foster child, Homeless, Migrant, Runaway			
			Foster	Homeless	Migrant	Runaway

**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 form: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**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 YES, check the applicable program box, enter one case number, skip STEP 3 and continue to STEP 4.

Select Program Type:  CALFRESH  CALWORKS  FDIPIR

Enter Case Number (NOT EBT CARD NUMBER) \_\_\_\_\_

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

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W= Weekly, 2W= Bi-Weekly, 2M= Twice a Month (every 15 days), M= Monthly, Y= Yearly

Total Student's 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 source, 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 = Bi-Weekly, 2M = Twice a Month (every 15 days), M = Monthly, Y = Yearly

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

**C. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** \_\_\_\_\_ Check the box if NO SSN

**OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES**  
 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.

**Ethnicity (check one)**

Hispanic or Latino origin  Not Hispanic or Latino

**Race (check one or more)**

African  Alaskan  American  Asian  American  Native  Indian  Black  Native Hawaiian  Pacific Islander  White

**DO NOT COMPLETE – SCHOOL USE ONLY**

How Often? \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Twice a Month \_\_\_ Monthly \_\_\_ Yearly  
 Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12

Total Household Size: \_\_\_\_\_ Eligibility Status: \_\_\_ Free \_\_\_ Reduced \_\_\_ Denied (Paid) \_\_\_ Categorical  
 Verified as: \_\_\_ Homeless \_\_\_ Migrant \_\_\_ Runaway \_\_\_ Error Prone

Total Household Income \_\_\_\_\_

Determining Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL - CONSENT TO SHARE INFORMATION FOR CALFRESH BENEFITS**  
**Pursuant to California Education Code 49558(d)** Upon consent, this application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the student's parent or guardian. In households with multiple families, each family must complete an application and sign for their own child(ren). Declining to provide consent will not affect your child's eligibility for the free and reduced-price meal program.

Check this box if you are the parent or guardian of every student listed in STEP 1 to consent to sharing this application as stated above. The parent or guardian must print and sign their name, and enter today's date below.

Print Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_