

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH PROGRAM
AND SCHOOL BREAKFAST PROGRAM FOR 2009/10 SCHOOL YEAR**

Dear Parent or Guardian:

The Santa Monica-Malibu Unified School district takes part in the National School Lunch and Breakfast Programs. Meals are served every school day. Students may buy lunch for \$3.00 and breakfast for \$1.25 at the elementary school sites, lunch for \$3.50 and breakfast for \$1.50 at the secondary sites. Eligible students may receive meals free or at a reduced price of \$0.40 for lunch and \$0.30 for breakfast.

- If you now receive Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your child may receive free 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 a 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 meals free or at a reduced price regardless of your income. Foster children must have a separate application from other children in your household, and their eligibility is based on their "Personal Use Income."

HOW TO APPLY

Complete and sign the attached **Application for Free and Reduced-Price Meals**, and return it to the school as soon as possible. The application cannot be approved and may be returned if it contains incomplete eligibility information.

FOOD STAMP, CalWORKs, Kin-GAP, and FDPIR HOUSEHOLDS — If you now get Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for your child(ren), list each child's name, and your Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number. **AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION.**

FOSTER CARE CHILDREN or CHILDREN PLACED IN OUT-OF-HOME CARE — Complete a separate application for each child **who is the legal responsibility of the welfare agency or is a ward of the court.** Write the name of the child and the specific school the child attends. If the child receives personal-use income, list the amount of income. Personal-use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees, and allowances; and (b) all other money the child receives, such as money from family and earnings from full-time or regular part-time employment. **The foster parent or agency official must sign the application.**

ALL OTHER INCOME HOUSEHOLDS (wages, salary, pensions, etc.) — If you **do not** enter a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** student listed on the application, you must enter (go to next column):

- The names of all school-age children in your household and the school(s) they attend
- The names of all other children in your household who do not attend school
- The names of all adults and other household members, the amount each person received last month, and the source of income
- The Social Security number of the adult household member who signs the application or indicate "none" if the adult does not have a Social Security number

An application must be completed, with all household members and incomes listed, for a child who is living with relatives or friends, whether or not the child is a ward of the court.

An adult household member must sign the application.

*A household of one means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.

INCOME ELIGIBILITY GUIDELINES

July 1, 2009 - June 30, 2010

Household Size	Twice Per Year				
	Year	Month	Month	Every Two Weeks	Week
1*	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

For each additional family member, add:

\$ 6,919 \$ 577 \$ 289 \$ 267 \$ 134

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 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 and employer.

CURRENT INCOME—The amount of income each household member received **last month**, before taxes or anything else is taken out, **and** where it came from, such as earnings, welfare, pensions, and other income. If any amount **last month** was more or less than usual, write the usual monthly income or project the annual income. To calculate monthly income: Weekly x 4.33; every two weeks x 2.15; twice a month x 2.

INCOME TO REPORT

EARNINGS FROM WORK	WELFARE CHILD SUPPORT ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	OTHER INCOME
Wages, salaries and tips, strike benefits, unemployment compensation, workers' compensation, net income from self-owned business or farm	Public assistance payments, welfare payments, alimony, and child support payments	Pensions, supplemental security income, retirement payments, Social Security Income (SSI) (including SSI a child receives)	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 other income

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) — Households participating in the FDPIR are categorically eligible for free meals or 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 Food Stamp 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 Food Stamp households.

SOCIAL SECURITY NUMBER — The application must have the Social Security number of the adult who signs it. If the adult does not have a Social Security number, write "none" or something else to show that the adult does not have a Social Security number. If a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for the child is listed, or if the application is for a foster child, a Social Security number is **not** required.

APPLYING 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, your family size becomes larger, or you become eligible for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits, you may submit an application at that time.

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 prove your income, or current eligibility for Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits. Refer to the application for more detailed explanation.

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 school meal.

WIC PARTICIPANTS — If you currently receive benefits under the Special Supplemental Nutrition Program for Women, Infants, and Children—better known as the WIC Program—your child **may** be eligible for free or reduced-price meals. You are encouraged to complete an application and return it to the school for processing.

NONDISCRIMINATION — Children who receive free or reduced-priced 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 school's decision regarding your application 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:

NAME: Orlando Griego, Director, Food & Nutrition Services
 ADDRESS: 1651 Sixteenth Street, Santa Monica, CA 90404
 TELEPHONE: (310) 450-8338, ext. 342

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 child(ren)'s eligibility to receive free or reduced-price meals.

If you have any questions or need assistance in completing the application, please contact:

NAME: Food & Nutrition Services
 ADDRESS: 1651 Sixteenth Street, Santa Monica, CA 90404
 TELEPHONE: (310) 450-8338, ext. 228

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

Sincerely,

**Orlando Griego, Director
 Food & Nutrition Services**

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED-PRICE MEALS FOR 2009/10 SCHOOL YEAR

Please complete, sign, and return this application to the school. For additional instructions refer to the *Letter to Households that is attached to this form*. **ONE APPLICATION PER HOUSEHOLD**

SECTION A. HOUSEHOLDS RECEIVING Food Stamps, CalWORKs, Kin-GAP, and/or FDPIR benefits:

1. List your children that receive the above mentioned benefits and their case number(s):

LAST NAME	FIRST NAME	SCHOOL / GRADE	CASE NUMBER
		/	
		/	
		/	
		/	

2. If you **do not** receive Food Stamp, CalWORKs, Kin-GAP, or FDPIR benefits for **each** child in your household, go to **Section B & C**. Otherwise **sign and date the application**.

Foster Child: In some cases, foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for such meals or milk for them, please contact your school's food administrator.

SECTION B. HOUSEHOLDS NOT RECEIVING Food Stamps, CalWORKs, Kin-GAP, or FDPIR:

1. Is this application for a Foster Child? Yes No
If Yes, write the **Foster Child's** name and personal income, then date and sign the application.

Foster Child's Name _____ Income \$ _____

2. List the names of the school children in your household who **do not** receive Food Stamps, CalWORKs, Kin-GAP, or FDPIR benefits.

LAST NAME	FIRST NAME	SCHOOL	GRADE

3. List the names of other children in the household that are **not** in school:

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME

SECTION C. ADULT HOUSEHOLD MEMBERS: List all adult household members, regardless of income. Indicate amount and source of **monthly income each** household member received last month. If amount(s) last month were more or less than usual, enter the usual monthly income. Do not complete this section if a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number is provided for each child listed in Section A.

LAST NAME	FIRST NAME	MONTHLY GROSS EARNINGS (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. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

This Institution is an Equal Opportunity Provider

FOR SCHOOL USE ONLY – Eligibility Determination				Year Track:	
HOUSEHOLD SIZE:		HOUSEHOLD INCOME:		2 nd Review:	
Free	Reduced-Price	Denied	Direct Certified as:	H	M R
Temporary Free Until (45 calendar days from date of determination):				EP	<input type="checkbox"/>
Determining Official:			Date:		
Verification Official:			Date:		Follow up:

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. Provision of a social security number is not mandatory, but the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with 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		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
X _____			
PRINT NAME OF ADULT SIGNING THIS APPLICATION			DATE
MAILING ADDRESS		CITY	
ZIP CODE	E-MAIL (OPTIONAL)		
HOME TELEPHONE		WORK TELEPHONE	
TOTAL NUMBER OF ADULTS AND CHILDREN IN HOUSEHOLD:			

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

1. Mark one or more racial identities:

- American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander White

2. Mark one ethnic identity: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin