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LETTER TO HOUSEHOLDS ABOUT THE NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS FOR 2017-2018

August 1, 2017

Dear Parent/Guardian:

We are pleased to let you know that the Vallejo City Unified School District takes part in the National School Lunch and Breakfast Programs. Breakfast and Lunch are served every school day. Students may buy lunch and breakfast at the prices listed below. Eligible students may receive meals free of charge. You or your children do not have to be U.S. citizens to qualify for free or reduced price meals. Prepayments for School Meals can be made at the school site, or online by setting up an account at MySchoolBucks.com.

<u>Meal prices for the 2017-2018 school year:</u>	<u>Elementary/K-8</u>	<u>Middle/High School</u>
Lunch	\$2.50	\$3.00
Reduced Price Lunch	\$0.00	\$0.00
Breakfast	\$1.50	\$1.75
Reduced Price Breakfast	\$0.00	\$0.00
Milk	\$0.50	\$0.50

HOW TO APPLY FOR FREE OR REDUCED PRICE MEALS

To apply for free or reduced price meals for your student[s], complete the attached 2017-2018 Application for Free and Reduced Price Meals according to the instructions provided on the following page, and return it in the enclosed prepaid envelope included in this packet. Your application cannot be processed unless it contains complete eligibility information, including the signature of the person completing the application. Complete only one application per Household – even if your children attend different schools, all children go on one application. If your child attended a VCUSD school and had a free or reduced status at the end of the 16-17 school year, that status will continue 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 a new application has been processed. Submit your application as soon as possible, so that it will be processed prior to the end of the carryover period. Applications can also be dropped off at any VCUSD school office or the District Office.

Your children may qualify for free or reduced price meals if your HOUSEHOLD income falls at or below the Federal Income Eligibility Guidelines, included on the last page of this letter. (If the eligibility determination is Reduced, we do not charge a fee to students qualified for Reduced meals. They will receive school meals at no cost.) HOUSEHOLD composition for the purpose of making an eligibility determination is: A group of related or unrelated individuals who are living as one economic unit, and who share housing and living expenses. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, CalWORKS or FDPIR benefits, you may submit a new application at any time. A foster child who is the legal responsibility of the court or welfare agency will receive free meals regardless of the household's income. When filling out the application, place an X in the FOSTER CHILD column next to their name. If you participate in the Women, Infants, and Children Program (WIC), you may qualify for meal benefits and are encouraged to submit a completed application. If any student listed may be homeless, migrant or runaway, place an X in the "Homeless, Migrant or Runaway" column next to their name, and complete all steps of the application.

If ANY HOUSEHOLD member (child or adult) receives CalFresh (food stamps), CalWORKS or FDPIR benefits, your children are eligible for free meals. Write the case number in Section B on the application (see next page for complete instructions).

If you receive a notification letter from us stating that your student has been "automatically approved by Direct Certification" for free or reduced price benefits for the 2017-2018 school year, you do not need to submit an application for that student. If there are other students in your HOUSEHOLD who did not receive this letter, contact the Student Nutrition office at (707) 556-8921, ext. 50010, with all required information outlined below, so we can extend the same eligibility to them.

- Parent name, phone number where you can be reached regarding questions, and home address.
- Student name listed above.
- Full legal names of each student in same HOUSEHOLD, their birthdate and school they attend.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Use a black or blue **PEN** (not a pencil) when filling out the application.

CALFRESH (food stamps), CalWORKS or FDPIR HOUSEHOLDS:

1. **Complete Section A.**
 - List the full legal names and other requested information for **ALL** infants, children and Vallejo School District students in your household.
2. **Complete Section B.**
 - Provide your CalFresh (food stamp), CalWORKS or FDPIR case number. If you have an EBT card for CalFresh, your case number is listed under your name on the front of the card.
3. **Complete Section D.**
 - **Do not** leave this section blank. An adult **household member** must **SIGN** and complete this section in order for the student's eligibility to be determined.
4. **Complete Section E.** (voluntary)

INCOME HOUSEHOLDS: "Household Member" is anyone living with you who shares income and expenses, even if not related.

1. **Complete Section A.**
 - List the names and other requested information for **ALL** infants, children and Vallejo School District students in your household. If your Household includes **Foster Children**, mark the FOSTER column with an "X". Foster children will receive free meals, even if non-foster children in the Household do not qualify. If any student listed may be **homeless, migrant** or **runaway**, place an **X** in the "Homeless, Migrant or Runaway" column next to their name, and complete the steps below.
2. **Complete Section C.**
 - Enter the number of Total Household Members (adults and children).
 - Enter the last 4 digits of the SSN of the primary wage earner, or other adult Household member. If no adult Household member has an SSN, mark the box "Check here if no SSN". Application cannot be processed if this section is left blank.
 - Report the combined gross income, if any, for ALL children listed in Section A, and check the box for how often it is received. Child Income is income received from outside your household that is paid directly to your children. Many households do not have any child income.
 - List the names of **all** adult **Household** members and any gross income they receive, check the circle for how often it is received, and the source of that income. See descriptions for income below.
 - For adult **Household** members that have no income, write in the number zero "0". If you enter \$0 income or leave any fields blank, you are certifying that there is no income to report.
 - An application must be completed with **all** **Household** members and incomes listed, even for a child who is living with relatives or friends, whether or not the child is a ward of the court.

TYPES OF INCOME TO REPORT:

Current Income means the amount of income each household member received **last month before** taxes or other deductions. Enter all income amounts in the appropriate column: Earnings, Pensions, Welfare, or Any Other Income.

Gross Earnings from Work

Wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm.

Welfare, Child Support, Alimony

Public assistance payments, welfare payments, child support and alimony payments, adoption assistance payments. (Do not include payments from foster care agency).

Pensions, Retirement, All Other Income

Pensions, retirement payments, supplemental security income, Social Security (SSI), Veteran's benefits, Disability benefits, cash regularly withdrawn from savings, interest/dividends, income from estates, trusts, investments, regular contributions from persons not living in the household, net royalties or annuities, net rental income, any other income..

3. **Complete Section D.**
 - **Do not** leave this section blank. An adult **Household** member must **SIGN** and complete this section in order for the student's eligibility to be determined. The adult **Household** member signing the application must be listed in Section C (Adult Household Members), above.
 - The **last 4 digits** of the Social Security number of the adult **Household** member signing the application are **required**. If the adult signing the application does not have a Social Security number, they must check the box for the statement "I do not have a Social Security Number".
 - A **SIGNATURE** is **required** to process the application. The application will be returned if the signature line is left blank.
4. **Complete Section E.** (voluntary)

IF YOU ARE APPLYING FOR FOSTER CHILDREN ONLY:

1. **Complete Section A.**
 - Complete all columns in Section A, and place an "X" in the **Foster Child** column.
2. **Complete Section D.**
 - **Do not** leave this section blank. An adult **household member** must **SIGN** and complete this section in order for the student's eligibility to be determined.
3. **Complete Section E.** (voluntary)

Income Eligibility Guidelines						Guía de Ingresos Elegibles					
July 1, 2017–June 30, 2018						Julio 1, 2017–Junio 30, 2018					
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week	Personas En Hogar	Anual	Mensual	Quincenal	Cada Dos Semanas	Semanal
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430	1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578	2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727	3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876	4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024	5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173	6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322	7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471	8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:						Para cada miembro adicional del hogar añade:					
	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149		\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

Vallejo City Unified School District Meal Charge Standard Practice

The purpose of this Meal Charge Standard Practice is to establish a consistent District process for charging meals when students do not have money to pay for school meals. This standard practice does not apply to children who are eligible to receive Free or Reduced Price meals as the Vallejo City Unified School District does not charge students in these categories.

Preventing meal charges:

If your child does not qualify for Free or Reduced price meals, it is the responsibility of the parent/guardian to insure their child has sufficient funds on their account to cover all school meals and to keep abreast of their child's account. Funds can be deposited to a child's meal account (1) online using MySchoolBucks.com, or (2) at the school site. Go to MySchoolBucks.com to set up and/or manage your child's meal account. Online meal prepayments are encouraged but, even if you do not choose to make online meal prepayments, you can still utilize the account to check the balance of your child's meal account and see on what dates your child participated in the school meal programs. Online accounts also have a "low balance" or "automatic deposit at low balance" parent e-mail alert feature.

Charging meals:

At the Elementary/K-8 schools, we allow meal charges up to a total of \$7.50. This dollar amount is equal to the price of three lunches but, if a student also charges breakfast, this maximum charge amount will not last for three days.

After a student's meal account has reached the maximum charge limit children will be served an alternate meal at no cost that meets the U.S. Department of Agriculture meal pattern requirement standards for school meals.

This alternate meal will be served until sufficient funds are received for continued meal service.

We do not allow meal charges or provide alternate meals for middle or high school students.

Collection of unpaid meal charges:

Parents/Guardians will be notified, in writing, if a student's meal account has an unpaid balance. Unpaid balances are due within 10 days from the date of the notice.

It is the responsibility of the parent/guardian to clear your child's negative meal account. After the \$7.50 charge limit is reached, students will be provided the alternate meal until the account is cleared.

❖ REPORTING CHANGES AND 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 becomes larger, or you become eligible for CalFresh (food stamps), CalWORKS or FDPIR benefits, you may submit an application at that time. If you receive a Foster Child in your home, you can immediately apply for benefits for them by filling out a current year application.

❖ MEALS FOR DISABLED STUDENTS

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.

❖ VERIFICATION

School officials may check the information on the application at any time to verify its accuracy. You may be asked to submit information to verify your income or current eligibility for CalFresh, CalWORKS or FDPIR benefits.

❖ RIGHT TO FILE A COMPLAINT

If you do not agree with the decision regarding your application, please contact Student Nutrition Services at (707) 556-8921, ext. 50010. If you still disagree with the outcome **after** you have spoken to Student Nutrition Services, you also have the right to request a fair hearing. A fair hearing may be requested by calling or writing the following school official: Jessica Brown, Coordinator, School Support & Management, Vallejo City Unified School District, 665 Walnut Avenue, Vallejo, CA 94592, telephone (707) 556-8921.

❖ **CONFIDENTIALITY**

The information you give to Student Nutrition Services will not be given to anyone who is not part of the school's food program and will not be shared for any purpose. The information will only be used to decide if your student(s) receives free or reduced price meals and to verify eligibility. Information provided by the household will not be used for immigration-related purposes.

❖ **MENUS BY EMAIL**

Student Nutrition Services is Going Green with our Menus! Go to our website, www.vallejostudentnutrition.com, to sign up for student menus by email. It's quick and easy, and menus are sent to your email address on the first of each month.

❖ **NON-DISCRIMINATION**

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.

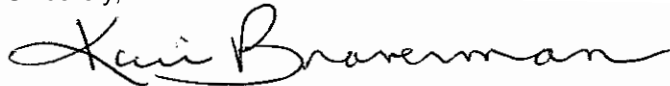
Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

If you have any questions or need assistance in completing the application, please contact Student Nutrition Services at 707-556-8921, ext. 50010. Once your application has been processed, Student Nutrition Services will notify you by U.S. Mail of your student's eligibility.

Sincerely,



Kerri Braverman, Director
Student Nutrition Services, Warehouse & Reprographics
Vallejo City Unified School District
665 Walnut Avenue, Vallejo, CA 94592

2017-2018 APPLICATION FOR FREE AND REDUCED PRICE MEALS

VALLEJO CITY UNIFIED SCHOOL DISTRICT

Complete only **ONE** application per Household. A **“Household Member”** is anyone who is living with you and shares income and expenses, even if not related. Return this completed application to your child’s school or the VCUSD District Office.

California EC 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.”

SECTION A: List **Household Members** who are infants, children & Vallejo School District students

LAST NAME	FIRST NAME	SCHOOL	GRADE	DATE OF BIRTH	FOSTER CHILD	<u>Homeless, Migrant or Runaway?</u>

SECTION B: If any **Household Member** (adults/children) receives CalFresh (food stamps), CalWORKS or FDPIR benefits, write the Case # here:
 (CalFresh Case #'s are on the EBT card, below the name.)

SECTION C: Report Income for **ALL** Household Members. **Do not** complete this section if a CalFresh/CalWORKS/FDPIR case number is provided in **Section B** above.

Total Household Members (Children & Adults): _____

Required: Last 4 Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: ___/___/___/___ Check here if **no SSN:**

Child Income: Include the **TOTAL** income, if any, received by all children listed in **Section A:**
 \$ _____ Weekly Bi-Weekly 2x Month Monthly

List **ALL Adult Household Members (including yourself)** even if they do not receive income. For each adult household member listed, report the amount of **GROSS INCOME** (before taxes). If they do not receive income from any source, write \$0. If you enter \$0 income or leave any fields blank, you are certifying (promising) that there is no income to report.

NAMES OF ADULT HOUSEHOLD MEMBERS (First and Last)	HOW OFTEN DO YOU RECEIVE THIS INCOME?				GROSS EARNINGS from Work	Pension, Retirement, All Other Income	Public Assistance, Child Support, Alimony
	Weekly	Bi-Weekly	2x Month	Monthly			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	\$

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 submit all needed information, 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 who signs the application. The social security number is not required when you apply on behalf of a foster child or 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. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

SECTION D: Signature (REQUIRED) and Contact Information:

“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, and that school officials may verify 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 HOUSEHOLD MEMBER COMPLETING THIS FORM

PRINT NAME OF ADULT SIGNING THIS APPLICATION	DATE
ADDRESS	
CITY	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE

SECTION E: Children’s Racial and Ethnic Identities (Optional):

- Mark one or more racial identities:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
- Mark one ethnic identity:

<input type="checkbox"/> Of Hispanic or Latino Origin	<input type="checkbox"/> Not of Hispanic or Latino Origin
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