Sahuarita Unified School District No. 30

Sahuarita High School Sahuarita Middle School Sahuarita Primary School Sahuarita Intermediate School Anza Trail School Sopori Elementary School Walden Grove High School Copper View Elementary School

Dear Parent/Guardian:

Children need healthy meals to learn. Sahuarita Unified School District offers healthy meals every school day. Breakfast for Elementary School costs \$1.05; Middle and High School Breakfast costs \$1.35. Lunch for Elementary School costs \$2.20; Middle and High School Lunch costs \$2.50. Your children may qualify for free meals or for reduced-price meals. Reduced-price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced-price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO QUALIFIES FOR FREE MEALS?

- All children in households receiving benefits from **SNAP**, **FDPIR** (**Food Distribution Program on Indian Reservations**) or **TANF**, can get free meals regardless of your income.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start Program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children can qualify for free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart for School Year 2018-2019							
Household Size	Yearly Income	Monthly Income	Weekly Income				
1	\$22,459	\$1,872	\$432				
2	\$30,451	\$2,538	\$586				
3	\$38,443	\$3,204	\$740				
4	\$46,435	\$3,870	\$893				
5	\$54,427	\$4,536	\$1,047				
6	\$62,419	\$5,202	\$1,201				
7	\$70,411	\$5,868	\$1,355				
8	\$78,403	\$6,534	\$1,508				
Each additional person:	+\$7,992	+\$666	+\$154				

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call Scott Downs at 520-625-3502 ext. 1058
 - 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: your child's school site or Sandra Ortega at the district office. 350 W. Sahuarita Rd, Building 10. If you have any questions, please call 520-625-3502 ext. 1167
 - 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN QUALIFIED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact Sandra Ortega at 520-625-3502 ext. 1167 immediately.
 - 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit https: http://sahuaritausd.nlappscloud.com to begin. OR to learn more about the online application process, contact Sandra Ortega at 520-625-3502 ext. 1167 if you have any questions about the online application.
 - 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through September 18, 2017. You must send in a new application unless the school told you that your child has already qualified for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, the school will not receive reimbursement for your child's meal.
 - 7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC <u>may</u> qualify for free or reduced-price meals. Please fill out an application.
 - 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
 - 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
 - 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Charlotte Gates; 350 W. Sahuarita Rd, 520-625-3502
 - 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to qualify for free or reduced-price meals.
 - 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
 - 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.

- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT QYALIFY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call Sandra Ortega at 520-625-3502 ext. 1167

Sincerely,

Charlotte Gates

Director of Business Services

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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 Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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2018-2019 Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil). STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper) Migrant. **Child's First Name** Child's Last Name **School Name** Definition of Household Member: "Anvone who is living with you and shares he income and expenses, ck even if not related." all th Children in Foster care and children who meet the ap pl definition of Homeless, Migrant or Runaway are eligible for free meals. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) | Case Number: If you answered NO > Complete STEP 3. Write only one case number in this space. STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) A. Child Income How often? Child GROSS income Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Weekly Bi-Weekly 2x Month Monthly Are you unsure what Household Members listed in STEP 1 here. income to include here? B. All Adult Household Members (including yourself) Flip to the back of this List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes application and review the charts titled and deductions) for each source in whole dollars only. If they do 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. "Sources How often? How often? How often? of Income" for more Name of Adult Household Members (First and Last) Public Assistance/ Pensions/Retirement/ information. Weekly Bi-Weekly 2x Month Monthly Earnings from Work Child Support/Alimony | Weekly | Bi-Weekly | 2x Month | Monthly Weekly Bi-Weekly 2x Month Monthly All Other Income The "Sources of Income for Children" chart will help you with the Child Income Section. The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section. C. Total Household Members Last Four Digits of Social Security Number (SSN) of $\mathbf{x} \mid \mathbf{x} \mid \mathbf{x}$ Check if no SSN Primary Wage Earner or Other Adult Household Member (Children and Adults) STEP 4 Mail Completed Form to: 350 W Sahuarita Rd. Building 10, Sahuarita, AZ 85629 Contact information and adult signature OFFICE USE ONLY "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 □Error Prone give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Eligibility: Free___ Reduced___ Denied___ Determining Official's Signature: ____ □Case # Application □Foster Application □Directly Certified: Date of Disregard: Signature of adult completing the form Today's date

□Income Application Household Size: Total Income: Per: □Week □Bi-Weekly (Every 2 Weeks) □2x Month □Monthly □Annual Printed name of adult completing the form Daytime Phone and Email (optional) ☐ Selected For Verification: Confirming Official's Signature: _Date: ___ Follow-Up Official's Signature: ____ Street Address (if available) City State

Sources of Income for Children				
Type of Income	Examples			
Earnings from work	A child has a job where they earn a salary or wages.			
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.			
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.			
Income from persons outside the household	A friend or extended family member <u>regularly</u> gives a child spending money.			
Income from any other source	A child receives income from a private pension fund, annuity or trust.			

Sources of Income for Adults					
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income			
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)			
Net income from self- employment (farm or business)	- Workers Compensation	- Private Pensions or disability			
	- Supplemental Security Income (SSI)	- Regular income from trusts or estates			
If you are in the U.S. Military: - Basic pay and cash bonuses	- Cash Assistance from	- Annuities			
(do not include combat pay, FSSA, or privatized housing allowances)	State or local government	- Investment Income			
-Allowances for off-base	- Alimony payments	- Earned Interest			
housing, food and clothing	- Child support payments	- Rental Income			
	- Veteran's benefits	- Regular cash payments from outside			
	- Strike benefits	household			

OPTIONAL Children's Racial and Ethnic 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	☐ Not Hispan	nic or Latino			
Race (check one or more):	,	no or Laurio			
☐ American Indian or Ala	askan Native	\square Asian	☐ Black or African American	\square Native Hawaiian or Other Pacific Islander	□White

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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 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, 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.

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