## School Year 2021-2022 Mill Valley 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. 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 school name and grade level								Enter <b>student's birthdate</b>				•	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
EXAMPLE: Joseph P Adams				Lincol		mentar				Lst		12	-15-2	010		Foster	Homeless	Migrant	Runaway
STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWOR			CallMOI	DVs or FD	ו כחוחי	I <b>f NO</b> ale	in CTF	.D 3 an	nd conti	+ 0	CTED	า			STI	EP 4 – CONTA	CT INFORM	ATION & AD	ULT SIGNATURE
Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If NO If YES, check the applicable program box, enter one case  Select Program Type:				<b>T NO</b> , SK	Enter Case Number					Ce				tification: I cer					
				FDPIR										•	ted. I understand th the receipt of				
STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEN	MBERS (S	kip thi	s step i	if you a	nswe	red 'YE	S' in S	STEP :	2)										rify (check) the
A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income.					income	(befo	(before Total Student Income How Often my o								e false information,				
deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in				od in the	e "Ho	W	\$						und	der applicable s	state and fede	ral laws.	•		
Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly  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							:h	Si	ignature of adu	lt completing	this applicatio	n:							
household member, report the TOTAL GROSS income (befo	re deduct	ions) in	whole d	dollars fo	r each	source.	. If the	house	ehold m	embe	r does	not rec							
income from any sources, write "0". If you enter "0" or leave Enter the appropriate pay period in the "How Often" box:												ort.			P	rint Name:			
						Assistance/SSI/ <b>How</b> Per					ns/Retirement/ How			F	ate:	Phon	e Number:		
(First and Last)	Lattilligs	T T T	OIK	Often	Child	Suppor	t/Alim	ony	Often	ļ	All Oth	er Incon	ne	Often		ate.	FIIOII	e Number.	
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C. Total Household Members D. Enter the	last four	ligits of	Social S	Security r	numb	er (SSN)	from			I	1 1	Che	ck the	box if	l E	-mail:			
(Children and Adults) the Primary		-		•								NO	ssn [						
DO NOT COMP	LETE. SC	HOOL	USE O	NLY							Г								
						al House	Household Income					OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES  We are required to ask for information about your children's race and ethnicity. This							
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12												information is important and helps to make sure we are fully serving our community.							
Total Household Size						ategorio	egorical				Responding to this section is optional and does not affect your children's eligibility for								
Verified as: ☐ Homeless ☐ Migrant ☐ Runaway ☐ Error						rror Pro						free or reduced-price meals.  Ethnicity (check one):							
Determining Official's Signature:					Da	Date:					☐ Hispanic or Latino ☐ Not Hispanic or Latino								
Confirming Official's Signature:					Da	Date:				Race (check one or more):									
Verifying Official's Signature:				D:	Date:				☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White										
,												∐ Na	ative H	awaiian o	r othe	r Pacific Island	er	☐ White	

Dear Parent or Guardian:

The Mill Valley School District participates in the National School Lunch Program and/or School Breakfast Program by offering nutritious meals free of charge every school day. Students may buy lunch for \$6.30-\$7.30 per meal. Eligible students may receive meals free of charge or at the reduced –price rate of \$0.40 for lunch. You or your children do not have to be U.S. citizens to qualify for free or reduced-priced meals. If there are more household members than the number of lines on the application, attach a second application.

## LETTER TO HOUSEHOLD FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2021–June 30, 2022									
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK				
1	\$23,828	\$1,986	\$993	\$ 917	\$ 459				
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620				
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782				
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943				
5	\$57,424	\$4,786	\$2,393	\$2,209	\$ 1,105				
6	\$65,823	\$5,486	\$2,743	\$2,532	\$ 1,266				
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428				
8	\$82,621	\$6,886	\$3,443	\$3,178	\$ 1,589				
FOR EACH ADDITIONAL FAMILY MEMBER, ADD:									
	\$8,399	\$ 700	\$ 350	\$ 324	\$ 162				

**QUALIFICATION:** Your children may qualify for free or reducedprice meals if your household income falls at or below the federal Income Eligibility Guidelines below.

**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 school officials for assistance at 415-389-7753.

**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: Kimberly Berman, Superintendent, 411 Sycamore Ave, Mill Valley, CA 94941, 415-389-7700.

**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, 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: <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a>, 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.

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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 Mill Valley School District. Print their name (first, middle initial, last), school, grade level, and birthdate. 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 total household size (children and adults). This number MUST equal the listed household members from STEP 1 and STEP 3.

D) 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.

**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 adult household member who signs the application. 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 Monica Wallace at 415-389-7753. SUBMIT: Please submit a complete application to your child's school site. You will be notified if your application is approved or denied for free or reduced-price mea