

# CABRILLO UNIFIED SCHOOL DISTRICT

498 Kelly Avenue · Half Moon Bay, CA 94019

Dear Parent/Guardian:

Children need healthy meals to learn. Cabrillo Unified School District offers healthy meals every school day. Students may buy lunch for \$4.00 and/or breakfast for \$2.00 (Breakfast is free to all students before school in grades PK-8). Eligible students may receive meals free or at a reduced-price of 40¢ for lunch and/or 30¢ for breakfast. You or your children do not have to be U.S. citizens or have papers to qualify for free or reduced-price meals.

This packet includes an Application for Free and Reduced-Price Meals and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

## 1. WHO CAN RECEIVE FREE OR REDUCED-PRICE MEALS?

- All children in households receiving benefits from CalFresh, CalWORKs, or FDPIR are eligible for free meals.
- Foster children 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, migrant, or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of 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.

## INCOME ELIGIBILITY GUIDELINES

July 1, 2017–June 30, 2018

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add:					
	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

**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 have not been told your children will qualify for free meals, please call or email call or e-mail Margie Dougherty at 650-712-7117 or [doughertym@cabrillo.K12.ca.us](mailto:doughertym@cabrillo.K12.ca.us)

**3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD?**

No. Complete **one** Application for Free and Reduced-Price Meals 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 Food Service Department, CUSD, 498 Kelly Ave., Half Moon Bay CA 94019

**4. SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?**

No, but please read the letter carefully and follow any instructions. If any children in your household were missing from your eligibility notification, please call or e-mail Margie Dougherty at 650-712-7117 or [doughertym@cabrillo.K12.ca.us](mailto:doughertym@cabrillo.K12.ca.us) immediately.

**5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?**

Yes, if you want to participate in the meal program. Your child's Application is only good for one school year at a time and for the first few days of the following school year. You must send in a new Application by **9/20/16** unless the school told you that your child is eligible 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, your child will be charged the full price for meals.

**6. I RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) BENEFITS. CAN MY CHILDREN RECEIVE FREE MEALS?**

Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please complete an Application.

**7. WILL THE INFORMATION I PROVIDE BE CHECKED?**

Yes. School officials may verify the information on the Application at any time during the school year. You may be asked to send additional information to prove your income, or current eligibility for CalFresh, CalWORKS, or FDIPIR.

**8. IF I DO NOT QUALIFY NOW, MAY I APPLY LATER?**

Yes, you can apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may be eligible for free and reduced-price meals if the household income drops below the income limit.

**9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION REGARDING MY APPLICATION?**

You should talk to the school officials. You may also ask for a hearing by calling or writing to: John Corry, Assistant Superintendent of Personnel, 650-712-7109, or mail to CUSD, 498 Kelly Ave., Half Moon Bay, CA 94019, ATTN: John Corry

**10. 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 apply for free or reduced-price meals.

**11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?**

List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, enter on the Application that you made \$1,000 per month. If you normally receive overtime, include it, but do not include it if you only occasionally work overtime. If you have lost your job or had your hours or wages reduced, use your current income.

**12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?**

All household members must be included on the Application even if the individual does not receive income. Whenever this happens, please write a "0" in the income field. However, if any income fields are left empty or blank, the income will be counted as zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.

**13. 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.

**14. WHAT IF THERE IS NOT 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. Contact Margie Dougherty at 650-712-7117 or [doughertym@cabrillo.k12.ca.us](mailto:doughertym@cabrillo.k12.ca.us) to receive a second application if needed for any mistakes or a 2nd household..

**15. MY FAMILY NEEDS ADDITIONAL FINANCIAL ASSISTANCE. ARE THERE OTHER PROGRAMS WE CAN APPLY FOR?**

Yes. For information on CalFresh and CalWORKs, contact your county welfare department by reviewing the CalFresh Web page at <http://www.calfresh.ca.gov/PG839.htm> or by phone at 877-847-3663. For additional assistance in your local area, contact the California referral hotline by phone at 211.

If you have other questions or need help, please contact Sandra Jonaidi, Food Service Coordinator at 650-712-7167 (email [jonaidis@cabrillo.k12.ca.us](mailto:jonaidis@cabrillo.k12.ca.us) ), or Margie Dougherty, Food Service Account Technician at 650-712-7117.(email [doughertym@cabrillo.k12.ca.us](mailto:doughertym@cabrillo.k12.ca.us) ),

Sincerely,

Margie Dougherty  
Food Service Account Technician

**School Year 2017-2018 Cabrillo Unified School District Application for Free and Reduced-Price Meals** Complete one application per household.

Read the instructions included with Application on how to apply. Please 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. Attach another sheet of paper for additional names.

Enter the name of <b>EACH STUDENT</b> who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is <b>foster, homeless, migrant, or runaway.</b>			
				Foster Child	Homeless	Migrant	Runaway
<b>EXAMPLE: Joseph P Adams</b>	<b>Lincoln Elementary</b>	<b>1st</b>	<b>12-15-2010</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR**

Do ANY household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If <b>YES</b> , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	

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

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Please include the TOTAL income earned by all students listed in STEP 1 here. Report total income in whole dollars earned before taxes and deductions. Enter the appropriate pay period: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly						Total Student Income	How Often
						\$	
<b>B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):</b> List ALL household members not listed in STEP 1 <b>even if they do not receive income</b> . For each household member, report the TOTAL income 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. Report all income earned before taxes and deductions. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly							
Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often	
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
Total Household Members (Children and Adults)	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 <input type="checkbox"/>		

**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:		
Today's Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		

DO NOT COMPLETE. SCHOOL USE ONLY			
Annual Income Conversion: Weekly x52, Bi-Weekly x26, Twice a Month x24, Monthly x12 How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Total Household Income	
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical	
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> Error Prone	
Determining Official's Signature:		Date:	
Confirming Official's Signature:		Date:	
Verifying Official's Signature:		Date:	

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.
<b>Ethnicity (check one):</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race (check one or more):</b>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White